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ABSTRACT

This resource manual and guide provides schools and communities with the most current research-based information available concerning alcohol and drug abuse prevention education. It also provides model lessons, written by Oregon teachers, to infuse into current programs. The document is organized into four sections. The first, an introduction, defines curriculum infusion; describes 10 content and skill areas essential to a K-12 alcohol and drug abuse prevention program; presents notes to the teacher on using the curriculum ideabook; and includes a sample lesson. Special needs students, who may be at greater risk of pressure to use drugs are discussed and provision is offered to fulfill the curriculum requirements for this population utilizing modified content, testing methods, instructional methods, materials, and pacing. The second section examines program planning, implementation, and evaluation. Section three divides students into grade levels K-1, 2-3, 4-5, 6-8, 9-12, provides an introduction to each level, and includes matrices describing content and subject infusion as well as lesson plans, all designated by grade level. The final section lists teacher resources. (LL)

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# Oregon Alcohol and Drug Abuse Prevention Education (ADAPE)

## K-12 Infused Lesson Guide

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# OREGON

# ALCOHOL AND DRUG PREVENTION EDUCATION (ADAPE)

# INFUSED LESSON GUIDE

## K-12

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1992

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February 10, 1992

Dear Educator:

On April 18, 1991, President Bush announced a nine-year national education crusade, America 2000: An Educational Strategy. Goal six of that crusade states that every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning. In addition, the Oregon Educational Act for the 21st Century states that Oregon will have the best educated citizens in the nation by the year 2000 and a work force equal to any in the world by the year 2010.

Chemical influences affecting our children are major issues we must address before we can develop the equity and excellence we must have in our schools to meet these national and state goals and standards.

The document, Alcohol and Drug Abuse Prevention Education, provides Oregon schools and communities with the most current research-based information available concerning alcohol and drug abuse prevention education. It also provides Oregon teachers with model lessons, written by Oregon teachers, to infuse into current programs.

It is our hope that educators will use Alcohol and Drug Abuse Prevention Education as a resource manual and guide.

Sincerely,

Norma Paulus

Norma Paulus

dc SUPT1100

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K-8 pilot schools: 1990-91

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Previous to the lesson formulations, several existing curriculum resources were reviewed by the team to identify lessons that could fit into the ADAPE content framework. These resources had a specific infusion focus or an existing wide support and usage in Oregon. Many worksheets and lesson ideas were used directly from the following institutional resources:

Texas Infused Alcohol and Drug Curriculum, Education for Self Responsibility
Lewis & Clark (Idaho) Project EDAHOE, Lewis & Clark State College
Boise, Idaho School District Curriculum
University of California Irvine Infusion Lessons
Drug Education for Beginning Teachers (DEBT), University of Oregon

Permission to use resource material was gained from the following programs:

"Not Schools Alone," California Department of Education
"Together We Can," Reduce the Risk of Alcohol and Drug Abuse Among Youth, Gibbs, Bennett, 1990, Published by CHEF
"Oregon Together," Hawkins 1990
U.S. Department of Education, "Learning to Live Drug Free." 1989
Drug-Free Schools and Committees, Program Planning Guidelines, Montana Board of Crime Control and Office of Public Instruction, 1991
"Well and Good," Oregon Department of Education, Office of Alcohol and Drug Abuse Programs

The ADAPE Infusion Guide was piloted by districts who have adopted "Here's Looking at You 2000," Positive Action, Children as People, and Quest programs as their primary alcohol and drug curriculum. This program was found to be complementary and a welcome addition.

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# INTRODUCTION

## The ADAPE Curriculum Development Process

Approximately 66 Oregon educators were selected to participate in curriculum development workshops, held in January 1990 and May 1991. This curriculum development team represented school districts throughout the state and reflected the diversity of our state. In addition to large and small districts and different geographic regions, the team included classroom teachers, subject area specialists, counselors, alcohol and drug specialists, and yes, even administrators! Two ESDs were also represented. Almost all participants were parents themselves, and many participated in active roles in their communities.

The focus of the workshops was twofold: first, identifying a "framework" for alcohol and drug content (to which lessons could be referenced), and second, developing alcohol and drug lessons that could be infused into various grades and subject areas. All of the lessons that were developed or identified have three common elements:

1. They carry a clear "no use" message, i.e., that the use of alcohol or other drugs by youngsters is both illegal and harmful.

2. They are generally aligned with the Oregon Common Curriculum Goals. Lessons have subject area objectives as well as alcohol and other drug (AOD) prevention objectives; thus, they can be integrated or infused into existing content areas.

3. They are "user friendly" for the teacher. Lessons are meant to be "picked up and used" with a minimum of extra preparation by the teacher.

The resulting K-8 curriculum was piloted in several schools during the 1990-91 school year. Site schools were selected based on the willingness of individuals to participate and also on administrative support for infusing alcohol and drug prevention into the total school curriculum.

## Understanding Curriculum Infusion

There are many similar terms used when talking about the concept of infusion. They include integration, incorporation, and interdisciplinary. They all have different variations of meaning, but however it is termed, the following three characteristics must be observed in order for infusion to be present:

- Defined alcohol and drug content areas and grade-level (developmental) indicators, i.e., a scope and sequence for alcohol and drug prevention curriculum. A comprehensive alcohol and drug curriculum has developmental goals/objectives for different grade levels and recognizable content areas or strands.

- General plan or strategy for reinforcing alcohol and drug content in all grade levels and subject areas throughout the school year.

- A person (or group) responsible for monitoring curriculum implementation and progress toward curriculum goals, i.e., for ensuring that content does get infused and that learning does occur.

To be most effective, these lessons should be used as part of (or within) a systematically organized alcohol and drug curriculum.

Definitions of Prevention Instruction Content/Skill Areas—Alcohol and Other Drug Use:

The ten content and skill areas essential to a K-12 alcohol and drug abuse prevention education infused curriculum are not mutually exclusive; they exist on a continuum from self to society at large, and lessons identified for one subject area may teach content and/or skills which weave through other subject areas as well.

1. **Self-Esteem, Self-Worth, Awareness, Feelings**

   - Knowing and valuing one's self.

2. **Responsibilities and Consequences**

   - Being knowledgeable about laws and policies related to alcohol and other drug (AOD) use.
   - Taking responsibility for one's own actions and behaviors.
   - Accepting the consequences of one's own actions and behaviors.

3. **Personal Health and Safety**

   - Practicing behaviors which keep one's self safe and healthy.
   - Developing and maintaining drug-free behaviors and patterns.

4. **Drug Information and Understanding**

   - Understanding the nature and physiological effects of different types of drugs.
   - Understanding the personal and psychosocial effects of drug abuse.
   - Understanding the nature, scope, and complexity of the AOD abuse problem in schools, families, and communities.

5. **Denial and Enabling**

   - Understanding of how denial and enabling perpetuate AOD abuse.
   - Learning and practicing behaviors that do not deny and/or enable.

6. **Social Skills**

   - Understanding the impact of group norms, culture, and peer pressure on behaviors.
   - Learning and practicing interpersonal competency skills (e.g., assertiveness, resistance/refusal skills, peer selection, stress education).

7. **Decision Making/Problem Solving**

   - Identifying alternatives, evaluating alternatives, making choices, evaluating choices, and learning how to find out what one doesn't know.
   - Knowing how to access community resources that can help students and families affected by AOD abuse.

8. **Communication Skills**

- Demonstrating an ability to listen well, ask relevant questions, convey one's feelings in writing, and work through conflict.

9. **Media/Advertising Influences**

- Understanding strategies and techniques used to sell alcohol and other drugs.
- Evaluating the effects of media/advertising on consumer choices.

10. **Workplace readiness**

- Understanding effects/consequences of AOD use at the worksite and on job performance.
- Understanding the legal responsibilities between employer and employee as it relates to Drug-Free Workplace policies.

Notes to the Teacher on Using the Curriculum Ideabook

This curriculum document is **not** an alcohol and drug curriculum in and of itself, although it does have the framework for becoming that should any school/district choose to expand and develop further. This document should be thought of as an **ideabook** rather than as a curriculum. As it stands, it is a **collection of lessons**, referenced to a content framework that can be infused or integrated into various school subject areas and at various grade levels.

In organizing these lessons, we choose not to identify each grade level separately, but rather to clump certain grades, recognizing that (a) the students in any given class may reflect a range of developmental skills and abilities, and (b) interesting lessons that can be modified for higher or lower levels may well be more valuable than picking out "something" for a certain grade level only.

Lessons are grouped into five general sections: grades K-1, grades 2-3, grades 4-5, grades 6-8, and grades 9-12. These sections were identified to correspond to the grade-level goals (3, 5, 8, and 11) in Oregon's Common Curriculum Goals.

Each lesson is referenced to the most appropriate Common Curriculum Goal (CCG) for that subject area, and is also referenced to one or more of the ten alcohol and other drug prevention objective areas identified by the curriculum development team. In addition, lessons include sections for the following:

- Special preparation and/or materials.
- Directions for conducting the lesson.
- Time needed to conduct the lesson.
- Teacher background materials, readings, etc. on alcohol and drug issues.

Sample Lesson Format:

LESSON #

## K-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: (K-1, 2-3, 4-5, 6-8, 9-12) SUBJECT AREA: Math, Science, Lang Arts, Health, Physical Educ, etc.

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Refers to subject areas regarding Language Arts, Math, Science, Health, etc. | CCG: Common Curriculum Goals for subject areas |
| AOD Prevention: | Refers to the 10 content objectives for alcohol and other drugs as identified on pages viii and ix. | AOD: Alcohol and Other Drug (10 content objective #s) |

LESSON DIRECTIONS:

# ALCOHOL AND OTHER DRUGS

Special needs students may be at greater risk of pressure to use drugs than other students since they may be vulnerable to exploitation, may have low self-esteem, and may feel a strong need for acceptance. Since special needs students do not always understand the risks posed by peer pressure, high risk environments, and exploitation by pushers, educators must provide careful instruction in sound prevention methods.

Special needs students may be able to fulfill the same curriculum requirements as their peers. However, they may require modified content, testing methods, instructional methods, materials, pacing, and other attention regarding tobacco, alcohol, and other drug prevention education.

Special populations include students who are from migrant families, gifted and talented, bilingual, have academic difficulty in the major course areas, and who possess limited English proficiency. What these students have in common, despite their differences, is a need for alternative approaches to instruction in the classroom. For one reason or another, regular classroom teaching strategies are generally inadequate for them.

A major goal of any education program is to provide all students with opportunities to advance to the full extent of their abilities. Instruction for students with special needs includes the same essential elements as instruction given general educational students.

Special program personnel and regular instructional personnel are jointly responsible for the cooperative delivery of effective instruction. School district programs for students identified as having special needs have an obligation to modify the method of instruction, pacing, and materials as necessary to provide these students the opportunity of learning the essential elements.

Some students may need assistance with a single concept or skill, while others may be functioning significantly below the age or grade level of their peers and therefore require more attention. Modifications of learning styles and materials should be initiated as needed. Teachers of students with special needs should:

- identify specific skill needs to ensure that instruction is directed toward specific skill and concept deficits;
- identify specific learning modalities and styles;
- identify alternate instructional strategies;
- compare appropriateness of the material and activities with the student's reading and maturity level.

In addition, teachers need to explain special vocabulary terms in the students' own language, write instructions using short, simple sentences, limit the number of problems that must be worked, record activities for independent listening assignments, de-emphasize speed, and emphasize accuracy of work.

Programs for gifted students modify or differentiate the curriculum used in the standard classroom, regardless of content area. This does not imply that the curriculum is different, but rather that it accelerates, expands, or enriches the regular curriculum to suit the needs of the gifted learner.

Within the AOD curriculum guide adaptations are included to assist in the instruction of students with a variety of learning styles and abilities.

Specific suggestions are found within each lesson. Items that challenge talented and gifted students are found under the "Modify for Higher-Lower Grades" and "Follow-Up" sections.

The following are general adaptations and modifications which may be applied to a variety of lessons:

Prelesson planning essential for special needs students:

- Determine performance expectations with class (i.e., minimum competency for "C," "pass/fail," ungraded).
- Share student's learning objectives and lesson plans with parents and other staff members for additional skill practice and reinforcement.
- Simplify and teach vocabulary using language students understand.
- Develop a level of trust for social emotional topics by allowing time for rapport building activities (i.e., new games, ice breakers, etc.).
- Preplan cooperative learning to include students with various ability levels and social skills. Heterogeneous classes are necessary for successful cooperative learning activities.

Modification of lessons:

- Ensure close monitoring of practice activities to prevent repetition of misunderstandings.
- Use concrete activities to teach skills and concepts.
- Focus on critical information and skills by adjusting assignments according to student level (i.e., reducing or eliminating assignments).
- Skills in problem solving, refusing and decision making may need to be taught in a step-by-step manner with additional practice.
- Use cooperative learning to increase student participation and understanding, cross-age tutors, volunteers from community.
- Maintain active participation by encouraging student response and interaction.
- Use demonstrations, role plays, real objects, experiences, and visual aides whenever possible.

Accommodations for special needs:

- For fine motor skills differences allow alternatives to writing (i.e., drawing, word processing, audio taping).
- For reading levels (i.e., highlighting, partner-reading, audio taping).
- For expressive language skills (i.e., lists versus sentences).
- For gifted, additional research, publish information, conduct surveys, commitment to community projects.

Drug and alcohol career investigation:

- For limited language, use translators, emphasize visual aides, build vocabulary. Allow more time for paired student activities, use lower grade level lessons or games to reinforce concepts. Allow students to bring in own cultural issues.

## TAG IDEAS

Other modified or differentiated activities for gifted students can include the following:

- Designing and setting up a learning center related to drug use prevention.
- Planning, scheduling, and providing follow-up activities for an in-class presentation by a local legislator, law enforcement officer, or an expert in drug use prevention.
- Writing a new legislative bill related to drug use prevention.
- Publishing a school newsletter for tobacco, alcohol, and other drug use prevention.
- Planning for and conducting a school survey about drug use prevention and presenting the findings to the school.
- Conducting research on the impact of drug use on the penal system.

Gifted students can be encouraged to practice commitment to and responsibility for community involvement by:

- Serving on a community drug task force, or giving presentations on drug use prevention to churches, service organizations, parent groups, and meetings of business groups.

# A CONCEPTUAL FRAMEWORK FOR PLANNING

## The Extent of the Problem

Every day millions of young people experiment with or use a wide variety of harmful substances which in one way or another affect their development, health, and learning ability.

"Drug use" means everything from sniffing inhalants, chewing or smoking tobacco, to smoking marijuana, drinking alcohol, using stimulants (crack or cocaine, amphetamines, methamphetamines), taking steroids, using depressants (barbiturates, quaaludes, prescription sedatives) and administering narcotics (codeine, methadone, heroin, opium and morphine).

Many substances are used in various combinations, and typically in a sequence, beginning with our adult society's legal drugs, tobacco and alcohol, and then progressing to the illicit substances. Age level, local peer and adult practices, and easy availability condition the selection a young person may make at a particular time.

The seriousness of the national problem can be recognized from recent surveys that report two-thirds of all high school seniors currently use alcohol, and over one-third admit to occasional heavy drinking (defined as five or more drinks in a row). Between 20 and 30 percent use cigarettes and marijuana once or more per month (Johnston, 1988).

The 1990 Oregon Public School Drug Use Survey conducted by the Office of Alcohol and Drug Abuse Programs, Oregon Department of Education, reports 88.9 percent of Oregon 11th graders have used alcohol, 39.0 percent marijuana, 11.6 percent cocaine, 2.1 percent heroin, 8.9 percent other narcotics. Smokeless tobacco has been used by 65.5 percent of Oregon 11th grade males and 19.0 percent of Oregon 11th grade females. Fifty-nine percent of Oregon 11th graders have smoked one or more cigarettes during their life time!

Alcohol is the most widely used substance, with cigarettes, smokeless tobacco and marijuana in second place. The use of tobacco and alcohol generally precedes initiation to marijuana; it is also highly unlikely for young people to go on to other drugs without first having used marijuana (Huba, 1981; Yamaguchi, 1984). For this reason, tobacco, alcohol and marijuana are known as the "gateway drugs."

The nature of poly-drug use indicates that prevention efforts should not be targeted to any single drug. Focus is better made on the early sequence of drugs that young people are first likely to try and on the conditions that lead them into experimentation and use.

The concern over adolescent use of tobacco, alcohol and other drugs is heightened through studies which state that:

- cigarette smoking as an addictive behavior is a major contributor to emphysema, lung cancer and heart disease;
- alcohol-related accidents constitute the leading cause of death among adolescents (Statistical Bulletin, 1984);
- marijuana use hampers a young person's ability to remember, to learn and to drive a car (Peterson, 1984).

Early use of tobacco, alcohol and marijuana places a young person in an extended period of risks and adverse effects; moreover, it heightens the probability that additional drugs will also be used

(Yamaguchi and Kandal, 1984). There is no doubt that as difficult as it may be to prepare a child well for the future, the use of chemical substances jeopardize every aspect of learning and healthy development.

## Misconceptions that Lead to Ineffective Programs

Early attempts to prevent alcohol and drug use by students were largely ineffective because there were many misconceptions about the problem of substance abuse. It was perceived that drug use: (1) could be diagnosed like other physical, emotional or skill deficiencies of the individual; and (2) that it was due to a lack of information, will power or morality. Therefore, the national response of schools from the early to mid-1970s was focused on teaching students drug information, communication skills, and the physical and legal consequences of use.

The assumption that information leads to attitude change and then to behavior change was proven to be incorrect and misleading (Goodstadt, 1982; Noble, 1978). Evaluations on informational curricula did show some changes in knowledge about drugs and their effects, but there was no significant impact on attitudinal and behavior changes (Schaps, 1981). Although some curricula included good prevention strategies in the affective domain, such as self- esteem enhancement, values clarification, problem solving, communication and coping skills, lower levels of drug use could not be shown (DiCicco, 1984; Schaps, 1981; Goodstadt, 1982; Barnes, 1984).

It is now recognized that the definition of the problem was too narrow. We did not address the complexity of factors which condition whether a young person ever uses tobacco, alcohol and other drugs.

## A Behavioral Problem Determined by Many Systems of Influence

Drug use is a behavioral problem influenced by many social systems—not simply an educational task to be tackled by schools alone through a new curriculum, a set of films or presentations by outside speakers.

Whether a student is inclined to smoke, drink or use drugs is largely determined by the influence groups, or systems, that define his/her daily environment—his/her family, school, friends and community. Each of these key influence groups has either a positive or negative impact upon a young person's behavior, learning and development.

Within the respective systems are various risk factors, which, if ignored, heighten the likelihood of health-compromising behavior. Preventing the use of tobacco, alcohol and other drugs, as well as other youth problems, can never be the school's responsibility alone simply because all the risk factors predicting the problem are not bound solely within the school. No longer can blame simply be placed on families, the community or youth themselves. Each system of influence has a responsibility and role to play. Families and schools must work together with friends and in communities to define and conduct activities that will lessen the destructive risk factors within these respective systems. No, "not schools alone," but the school, families, peer groups and the community working as a long-term partnership is the way to finally make a difference.

## The Need for an Integrated Approach

The use of tobacco, alcohol and other drugs is not an isolated behavior. It is linked to a host of other unhealthful adolescent problems: illiteracy, suicide, runaway, teen pregnancy, dropping out of school, welfare dependency, criminal acts, school failure, unemployment, drunken driving, family conflict, prostitution, sexual or physical abuse.

A young person demonstrating one of these high-risk behaviors is more likely to be involved in a series of related high-risk behaviors. Studies verify that factors predicting alcohol and other drug use are also predictive of many other adolescent problem behaviors (Jessor, 1985). Smoking, drinking and using drugs is only one manifestation of a young person's proneness toward problem behaviors.

The tendency of schools and agencies is to address each problem separately from all other problems as if they were not connected in any way. Consequently, in any school or community, there usually are several different planning groups supporting separate programs, curricula and activities. Among them may be planning committees for school improvement, comprehensive health, cooperative learning, self-esteem and the prevention of delinquency, school drop-outs and substance abuse. The result is a duplication of effort, inefficient use of resources and a lack of consistent coordination. What the groups may not realize is that they have one broad, common goal: to ensure children's learning and development while minimizing risk behaviors so that they gain the competence to move successfully into the adult world.

Our only hope of preventing drug use and related youth problems is for all local groups to work together in well-coordinated partnerships. That is what is meant by a comprehensive health approach: a network composed of the school, agencies, and organizations; defining and implementing multiple prevention strategies within the key influence groups affecting children's development. No one group can do it alone.

## Risk Factors Within Influence Groups

The greater the number of risk factors to be found within the school, family, peer group and community, the greater the likelihood of experimentation or use of chemical substances. Studies now have identified a wide range of factors heightening the risk of tobacco, alcohol and other drug use (Kandal, 1982; Cooper, 1983; Hawkins, 1985; Polich, 1984; Perry, 1985). Some of the more predictive factors within the various influence groups are:

### Community

Economic and social deprivation
Low neighborhood attachment and community disorganization
Community norms and laws favorable to the use of tobacco, alcohol and other drugs
Availability of tobacco, alcohol and other drugs

### Families

Family management problems
Lack of clear expectations for behavior
Lack of monitoring
Inconsistent or excessively severe discipline
Lack of caring
Parental use of tobacco, alcohol and other drugs and positive attitudes toward use
Low expectations of children's success
Family history of alcoholism

### School

Lack of clear school policy regarding tobacco, alcohol and other drugs
Availability of tobacco, alcohol and other drugs

School transitions
Academic failure
Lack of student involvement
Little commitment to school
Individual and peers
Early antisocial behavior
Alienation and rebelliousness
Antisocial behavior in late childhood and early adolescence
Favorable attitudes toward drug use
Early first use
Greater influence by and reliance on peers than parents
Friends who use tobacco, alcohol and other drugs, or sanction use

## Protective Factors

Studies now have also identified factors that protect young people from experimentation or use of tobacco, alcohol and other drugs (Perry, 1985; Hawkins, 1985; Robins, 1985; Kandal, 1978). One of the clearest frameworks for planning protective strategies is the social development approach defined by respected researcher David Hawkins. He recommends:

- promoting bonding to family, school and positive peer groups through opportunities for active participation;
- defining a clear set of norms against use;
- teaching the skills needed to live the norms and opportunities; and
- providing recognition, rewards and reinforcement for newly-learned skills and behaviors.

Children who have grown up in the midst of many protective factors develop a resiliency or strength. They are less vulnerable when confronted by difficult situations (Garmezy, 1974; Rutter, 1979; Werner, 1986). Special social competencies characterize the resilient child:

**Effectiveness in work, play and relationship:**

- establishes healthy friendships
- is goal-oriented

**Healthy expectancies and a positive outlook:**

- believes that effort and initiative will pay off
- is oriented to success rather than failure

**Self-esteem and internal locus of control:**

- feels competent, has a sense of personal power, and believes that one can control events in one's environment rather than being a passive victim

**Self-discipline:**

- has the ability to delay gratification and control impulsive drives
- maintains a future orientation

**Problem-solving and critical-thinking skills:**

- has the ability to think abstractly, reflectively and flexibly
- is able to define alternative solutions to problems

**Humor:**

- has the ability to generate comic relief and alternative amusing ways of looking at things
- can laugh at self and situations

**Contributes as a member of family, school and community:**

- has opportunities for participation
- is given responsibility
- experiences success (Bonnie Benard)

The Social Development Strategy (*Oregon Together*: Hawkin 1990)

Balancing the risk factors are protective factors—aspects of people's lives that counter risk factors or provide buffers against them. A key strategy to counter the risk factors in young people's lives is to look at protective factors as ways to promote positive behavior, health, well-being, and personal success.

The Social Development Strategy combines a variety of protective factors in a framework. The basic goal of the Social Development Strategy is personal success for all individuals. "Personal success" can have as many definitions as there are children. It may mean good health and making wise choices. It may mean personal happiness and meeting one's responsibilities.

There are three essential components of the Social Development Strategy that increase the likelihood that children will be personally successful: bonding, skills, and positive norms.

### Bonding

Whatever a family's wishes for personal success for their children, research has demonstrated that positive bonding contributes to this vision of personal success. Strong positive bonds are one of the cornerstones of the Social Development Strategy. They occur in three critically important areas: (1) positive relationships with others; (2) an investment in the future; (3) a strong belief about what is right and wrong and an orientation to positive, moral behavior and action.

By promoting adolescents' relationships or attachments with nondrug users, by increasing their investment or commitment to the various social units in which they are involved, and by strengthening their values or beliefs regarding what is healthy and ethical behavior, positive social bonding and antidrug attitudes are strengthened. The Social Development Strategy enhances positive bonds while reducing risk factors so that children are doubly protected. The risk is reduced at the same time that closer relationships, greater investments in positive values, stronger beliefs and stronger antidrug attitudes are developed.

### Providing Opportunities, Skills and Rewards

To increase the bonding of young people to family, school, and community, the Social Development Strategy emphasizes three conditions that have to be present. The first is an opportunity to be an active contributor or member of that group. This could range from feeding the gerbils or cleaning the chalkboard in first grade to helping plan family meals as a young adolescent. Making a meaningful contribution to the family, school, or community is a key to being bonded to that unit.

The second condition is skills to be successful in contributing to the social unit. Giving children new responsibilities at home or school provides them with opportunities, but unless they have the skills to carry out those responsibilities, the opportunities may become burdens of frustration and failure. Children need a wide variety of skills to be successful in their involvements.

The third element is a system of rewards and recognition. Children, like adults, need to know when they are doing well. Praise or recognition reinforces children's efforts and makes them feel accepted and bonded.

### Norms

When people feel bonded to society, or to a social unit like the family or school, they are motivated to live according to its standards and expectations, which define what behavior is acceptable or unacceptable. If these standards are not clear, it can be especially confusing for children and youth. This is particularly true with regard to alcohol and other drug use. Today families and schools need to have clearly stated policies on drug use, letting children know what is and is not acceptable for people their age. These expectations must be enforced consistently, providing negative consequences for violating the policy and positive consequences for following it.

### Skills

Children not only need the skills necessary to be meaningfully involved in their family, school, and community, they need the skills necessary to follow antidrug norms. Children may know and want to follow their family and school policy against drug use, but unless they have the skills to resist peer pressure they may be unsuccessful.

Without positive bonds to the family, school, and community, in the absence of antidrug norms, and in the absence of skills to promote positive bonds and follow antidrug norms, drug use is more likely to occur.

## Implications of the Social Development Strategy

The Social Development Strategy has implications for prevention programs. Prevention programs need to:

1. **Strengthen children's bonds** by providing opportunities, skills and rewards. All three have to be present to be effective.

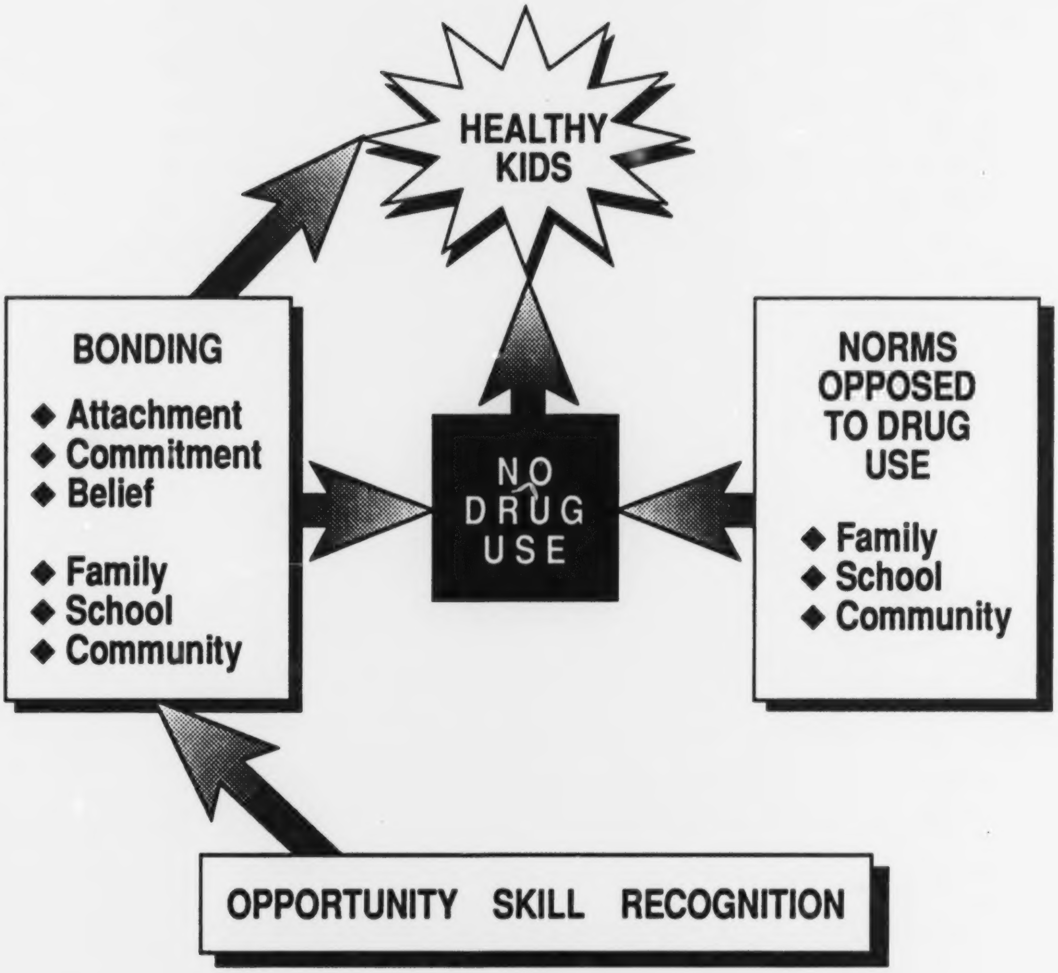
2. **Reduce risk factors** in a way that strengthens bonding.

3. **Develop consistent norms** across families, schools and communities.

4. **Teach children the skills** they need to be able to follow positive norms.

# THE SOCIAL DEVELOPMENT STRATEGY

(*Oregon Together*, Hawkins, 1990)


HEALTHY KIDS
BONDING
◆ Attachment
◆ Commitment
◆ Belief
◆ Family
◆ School
◆ Community
NO DRUG USE
NORMS OPPOSED TO DRUG USE
◆ Family
◆ School
◆ Community
OPPORTUNITY SKILL RECOGNITION

## SOCIAL SKILLS TO BE TAUGHT AT EACH GRADE LEVEL

| | GRADES K-2 | GRADES 3-5 | GRADES 6-8 | GRADES 9-10 | GRADES 11-12 |
|---|---|---|---|---|---|
| Personal | Learning self-management<br>Learning social norms about appearances<br>- washing face<br>- washing hair<br>- brushing teeth<br>Recognizing drug warning labels | Understanding safety for:<br>- Latchkey kids<br>- interviewing people at door<br>- saying "No" to strangers or friends<br>Knowing about healthy behaviors:<br>- eating healthy foods<br>- helping family select healthy foods<br>- exercising<br>Managing time<br>Being aware of sexual differences<br>- recognizing and accepting body changes<br>- recognizing and resisting inappropriate sexual behaviors | Recognizing the importance of alcohol and other drug abuse prevention<br>- establishing norms for health<br>- developing request and refusal skills<br>- acknowledging the importance of self-statements and self-rewards<br>Being aware of sexual differences<br>- recognizing and accepting body changes<br>- recognizing and resisting inappropriate sexual behaviors | Taking care of self<br>- recognizing consequences of risky behaviors (sexual activity, drug use)<br>Protecting self from negative outcomes, e.g., safest (abstain) and less safe (e.g., condom, don't drink and drive)<br>Earning and budgeting money<br>Planning a career | Preparing for adult role<br>- living with others<br>- living alone<br>- making a home<br>Planning a career |
| Family | Being a family<br>- making a contribution at home—chores, responsibilities<br>- relating with siblings | Understanding families and different family forms and structures<br>Being close—intimacy and boundaries | Recognizing conflict between parents' and peers' values, e.g., in the areas of dress or importance of achievement<br>Learning about stages in parents' (adults) lives | Becoming independent<br>Talking with parents about daily activities<br>- learning self-disclosure skills | Preparing for parenting family responsibilities |
| Event-Triggered | Coping with divorce<br>Dealing with death in the family<br>Becoming a big brother or sister to a sibling<br>Dealing with family moves | Coping with divorce<br>Dealing with death in the family<br>Becoming a big brother or sister to a sibling<br>Dealing with family moves | Coping with divorce<br>Dealing with death in the family<br>Dealing with classmate's drug use, or delinquent behavior | Coping with divorce<br>Dealing with death in the family<br>Dealing with classmate's drug use, or delinquent behavior, pregnancy, AIDS, suicide, etc. | Coping with divorce<br>Dealing with death in the family<br>Dealing with classmate's drug use, or delinquent behavior, pregnancy, AIDS, suicide, etc. |

## SOCIAL SKILLS TO BE TAUGHT AT EACH GRADE LEVEL

| | GRADES K-2 | GRADES 3-5 | GRADES 6-8 | GRADES 9-10 | GRADES 11-12 |
|---|---|---|---|---|---|
| Peers | Initiating conversations<br>Being a member of a group<br>- sharing, taking turns<br>- cooperating | Expanding peer groups<br>Learning to be close<br>- including and excluding others<br>- learning to set boundaries (secrets)<br>Learning to cope with peer pressure to conform (dress)<br>- being assertive<br>- being self-calming<br>Cooperating | Choosing friends<br>Developing peer leadership skills<br>Dealing with conflict among friends<br>Recognizing and accepting alternatives to aggression | Initiating and maintaining cross-sex friends and romantic relationships<br>- practicing request skills<br>- practicing refusal skills | Understanding responsible behavior at social events and parties<br>Dealing with drinking and driving |
| School-Related | Following school rules<br>Understanding similarities and differences, e.g., skin color, physical handicaps<br>Accepting responsibility in the classroom<br>Respecting authority | Setting academic goals<br>- planning study time<br>- completing assignments<br>Learning to work in teams<br>Accepting similarities and differences, e.g., appearance ability levels | Learning skills for participating in setting policy<br>Learning, planning and management skills to complete school requirements<br>Preventing truancy<br>- learning refusal skills<br>- setting personal norms/standards | Making a realistic academic plan<br>- recognizing personal strengths<br>- persisting to achieve goals<br>Planning a career<br>Participating in school service and other non-academic involvement | Being a role model for younger students |
| Community-Related | Recognize a pluralistic society<br>- being aware of holidays, different cultural groups, customs<br>Accepting responsibility for the environment<br>- taking care of the classroom<br>- recycling | Joining groups outside of school<br>Accepting cultural differences<br>Helping people in need | Developing involvements in community projects<br>Identifying and resisting negative group influences<br>Accepting differences | Contributing to community service projects<br>Accepting responsibility for the environment | Participating in community service or environmental projects<br>Understanding elements of employment<br>Understanding issues of government |

**David Hawkins, University of Washington, 1990.**

## A Comprehensive Health Approach

The new resources and technology available for the prevention of tobacco, alcohol and other drug use provide an unprecedented opportunity to schools. Knowing that the use of various substances is related to other health compromising behaviors (teen pregnancy, delinquency, AIDS, eating disorders, sexually-transmitted diseases, vehicular accidents, school failure and dropping out of school), planning can be integrated through the targeting of the systemic risk factors which contribute to all of the problems. Sound objectives can then be defined. Effective curricula and programs within the school, family, peer groups and community can and must be planned as an integral part of each district's comprehensive health program.

A comprehensive school health program is an organized set of policies, procedures and activities designed to protect and promote the health and well-being of students and staff. It should include but not be limited to the following components:

1. **Curriculum and Instruction**

   - Every grade, K-12; sequential; developmental
   - Goal: to promote and develop wellness in addition to preventing disease
   - Goal: to develop behaviors and attitudes in addition to knowledge
   - Extends beyond the classroom and beyond learning cognitive knowledge

2. **School Health Services**

   - Prevention, intervention and remediation of specific health problems
   - First Aid; illness, injury attention
   - Services for handicapped/disabled students
   - Personnel: nurses, doctors, dentists, social workers, speech therapists, other specialists
   - Can also include service and education for staff

3. **School Health Environment**

   - Site and location of building
   - Sanitation, microorganisms; biological or chemical agents or substances (e.g., asbestos)
   - Physical safety for students and staff/teachers
   - Physical conditions: humidity, noise, light, heat, ventilation, etc.
   - Psychosocial environment: conditions that affect productivity and well-being of students and staff; psychological safety, social needs

4. **Food Services**

   - Breakfast, lunch, snacks served (or available) at school
   - Nutrition education

5. **Counseling**

   - Vocational guidance, developmental guidance
   - Broad-based interventions
   - Assessment and/or evaluation to identify problems or improve performance or adjustment to school
   - Implementation of special provisions, laws (e.g., 94-142, 99-457); mainstreaming, IEPs, case managers

### 6. Physical Education

- Health-related fitness
- Motor coordination and performance
- Self-expression, social development

### 7. Worksite Health Promotion

- Programs, services for school staff
- Goal: employees who are active and interested in maintaining their health; improved productivity of staff
- Outcome: role models for students and other staff
- School staff (professional and support staff) must buy into and model health promotion before comprehensive health education can truly work

### 8. School-Community Integration

- Proactive outreach from both sides
- Integrated, cooperative, overlapping programs: community activities on school sites, school programs extending into community
- True collaboration to address issues and resolve problems without turf battles

The intent of Comprehensive School Health is to promote healthy behavior changes and self-responsibility concerning one's own health, rather than merely providing information. It recognizes that this curriculum should be taught as part of a larger system that includes health services, community resources and the family.

School health education curricula should reflect both community values and the needs of students. It should be K-12 in scope, age and developmentally appropriate, and infused into the entire curriculum.

# A LEADERSHIP ROLE FOR SCHOOLS

Although schools alone cannot prevent the use of tobacco, alcohol and other drugs, they need to take a leadership role in the planning and coordination of schools and community prevention activities. The assumption of leadership by schools in their communities institutes a planning (rather than a crisis) approach to prevention. Collaborative planning not only draws together all interest groups and agencies, but it:

- ensures that programs will be based on sound behavior theories;
- minimizes or eliminates the duplication of efforts;
- maximizes the use of available resources;
- integrates planning on related youth problems;
- provides a coordinated management and feedback monitoring system; and
- provides an ongoing partnership of groups working collaboratively to alleviate the community's problem of tobacco, alcohol and other drug use among youth.

Building the Partnership Among School, Law Enforcement and Community

First, a planning group (such as the local Drug-Free Schools and Communities Advisory/Oregon Together Committee) composed of students, school personnel, law enforcement, parents, community leaders, business interests, health-care providers and community organizations needs to be identified and called together. All need to understand that only a comprehensive approach targeted at the risk factors within the school, family, community and youth culture can lead to lessening the problem. Initial meetings need to provide an opportunity for all to share their viewpoints, learn about effective prevention approaches and commit to working together over a long period of time. It is particularly important for law enforcement personnel to articulate relevant legal procedures concerning juveniles involved in selling or trafficking illegal substances. The school-law enforcement-community partnership needs to commit to jointly decreasing the availability of tobacco, alcohol and other drugs, as well as working on decreasing the demand.

The planning group does not necessarily have to conduct a survey to identify the current extent of tobacco, alcohol and other drug use. Existing information on the incidence of local use is often available from local alcohol and drug programs, health, juvenile justice and law enforcement agencies. Insight into levels of use may also be obtained from statewide data.

The fact that many people have come together out of their own concern and observation is usually sufficient to motivate collaborative school and community action. Their initial energy may be better spent mapping local issues of concern and identifying risk factors contributing to the problem.

The school-community planning team also needs to identify the many local agencies and resources currently being used to address the problem. Between meetings, every member can explore and learn what other organizations are doing. By establishing new lines of communication and a spirit of collaboration, the school-community will maximize its efforts. It will no longer look just to the schools to solve the problem. Each school, agency, parent group or organization will realize it has a vital and appropriate part in the achievement of an integrated local master plan.

The Planning Steps

Unfortunately, whenever prevention planning groups come together there is a tendency to leap to solutions or pet programs rather than base program planning on research, sound behavioral theory and the selection of strategies appropriate to the given population. This tendency is what makes results less than effective and ultimately disappointing (Schaps, 1981). Following is a checklist of the planning steps that can help a school-community planning team make an effective master plan.

Tobacco, Alcohol and Drug Abuse Prevention

Planning Steps:

1. Identify a cross-section of school and community people for the planning committee.
2. Define the role of the school as a catalyst and facilitator.
3. Invite discussion and list local concerns.
4. Educate the school-community planning committee on:
    - the nature of drug use (interrelationship of tobacco, alcohol and other drug use with other antisocial behaviors, effects on learning and development, sequence and settings of use, social development, peer involvement);
    - the risk factors inherent in school, family, peer group and community systems; and
    - the comprehensive school-community approach described in these guidelines.
5. Explore and list local prevention resources, agencies and organizations and include them in planning.
6. Define target populations of students for initial programming.
7. Determine the influence groups and related risk factors to be targeted during a specific period of time.
8. Define change objectives based on risk factors in various systems; protective factors and objectives may also be included; do not select too many factors for a given population.
9. Agree, by consensus, on the strategy for each system of influence (school, parents, agencies, youth) to change selected risk factors.
10. Write the school-community group's "master plan," defining tasks, timelines, ways to monitor and evaluate program effectiveness.
11. Publish the plan widely so that all understand and support the school-community "campaign."
12. Have the planning group continue to meet regularly throughout the year to share progress, support implementation and coordination.

## The Recommended School-Site Comprehensive Program

It is essential that the school's portion of the master plan contains a full range of prevention and intervention components to address the needs of all children and youth within the school community. The graph on the preceding page illustrates the difference between prevention and intervention.

Prevention means working with the total population of children prior to the use of any chemical substances. Intervention means identifying individual young people within groups or separately who are already experimenting or using substances. This population usually requires a wide range of assistance beyond the school's resources, such as: medical treatment, aftercare counseling and support groups, family intervention or counseling, and law enforcement procedures.

The comprehensive master plan needs to have two important goals:

- Prevention Goal: to delay or prevent experimentation and to develop goal and academic competency among all students.
- Intervention Goal: to disrupt experimentation or use, and shift the prevailing norm to non-use and healthy development through the influence of nonusing peers.

Nine components are recommended for the achievement of these goals:

1. The Planning Process
2. School District Governing Board Policy
3. Staff Inservice
4. Curriculum, K-12
5. Parent Involvement and Education
6. Early Intervention and Student Assistance Programs
7. Intervention and Community Involvement
8. Student Peer Group Programs, K-12
9. Positive Alternative Activities

The school and community planning group needs to incorporate the risk factors that they have identified into these nine essential components. The chart on pages 16 and 17 suggests how the most prevalent risk factors can be linked.

Individual protective factors, such as those suggested on pages 4 and 5, can be targeted through the careful selection of effective curricula, and by the various systems of influence supporting children's development of resilient qualities. As the various systems reduce their respective risk factors, they will be building protection against tobacco, alcohol and other drug use.

# CHART: EFFECTIVE PREVENTION COMPONENTS MUST ADDRESS RISK FACTORS

| | |
|---|---|
| 1. Planning Process<br>Involve representatives from the four systems of influence (schools, families, peer groups, and communities) to assess local issues and resources, and plan an effective, comprehensive prevention program. | All risk factors |
| 2. School Policy<br>Review existing district policies and define clear and appropriate policies for prevention, intervention and disciplinary action. | All risk factors, but especially policies on:<br>– early antisocial behaviors<br>– easy availability of tobacco, alcohol and drugs<br>– school discipline regarding drug use<br>– school transitions<br>– poor school climate |
| 3. Staff Inservice<br>Provide general orientation and awareness training for all staff and other groups (i.e., community, parents, and students). Provide specific intensive training for core staff who will implement various components of the plan (i.e., teachers, counselors, student/peer leaders, parents and community leaders). | |
| 4. Curriculum K-12<br>Select and establish a K-12 tobacco, alcohol and drug prevention curricula as part of a comprehensive health promotion effort. Ensure that curricula includes life skills, a nonuse message, is sequenced to stages of drug use, is appropriate to levels of children's cognitive and social development, and is sensitive to the culture and values of the population. | All risk factors, but especially:<br>– early antisocial behaviors<br>– lack of student involvement<br>– poor school climate<br>– little commitment to school<br>– academic failure<br>– school transitions |
| 5. Parent Involvement and Education<br>Provide workshops for parents on tobacco, alcohol and drug use, children's social development, risk and protective factors. Provide specific training for parents on intervention and youth development. | All risk factors, but especially:<br>– academic failure<br>– early antisocial behavior<br>– lack of student involvement and leadership opportunities<br>– greater influence by and reliance on peers rather than parents<br>– little commitment to school<br>– early first use |

| | |
|---|---|
| 6. Early Intervention and Student Assistance Programs<br>Establish school-based student assistance programs for those exhibiting behaviors related to alcohol and other drug use, and for those seeking social support from positive peers. | All risk factors, but especially:<br>– academic failure<br>– early antisocial behavior<br>– lack of student involvement and leadership opportunities<br>– greater influence by and reliance on peers rather than parents<br>– little commitment to school<br>– early first use |
| 7. Intervention and Community Involvement<br>Identify community support resources and programs within law enforcement, treatment agencies, community services and other youth-serving organizations. Establish working relationships and an intervention plan which makes available a full range of services to drug-using youth and their families. The plan must include reentry to school and aftercare services. | – low expectations of children's success<br>– lack of bonding or closeness to parents<br>parental drug, alcohol and tobacco use, and positive attitudes toward use<br>– lack of clear expectations for behavior<br>– academic failure<br>– easy availability of drugs<br>– antisocial behaviors<br>– parental use of tobacco, alcohol and other drugs and positive attitude toward use<br>– association with peers who use or sanction use |
| 8. Student Peer Group Programs<br>Establish peer group programs (teaching refusal skills, support groups, student leadership opportunities, peer tutoring, peer assistance, cross-age teaching, dramatic presentations) at all grade levels. Select responsible adults who relate well with students to provide assistance. | – no relationship with caring adults beyond the family<br>– lack of employment opportunities<br>– lack of youth involvement and leadership<br>– abundance of liquor outlets<br>– easy availability of drugs<br>– little commitment to school<br>– lack of involvement and leadership opportunities<br>– greater influence by and reliance on peers rather than parents<br>– early first use<br>– association with peers who use or sanction use |
| 9. Positive Alternative for Student Activities, Recreation and Social Development<br>Define clear policies, leadership and activities to promote positive alternatives for students (i.e., sober graduation nights, drug-free, school-sponsored events, job and volunteer service opportunities, and community youth events). | – parental use of tobacco, alcohol and other drugs and positive attitude toward use<br>– lack of involvement, employment and leadership opportunities<br>– alienation and rebelliousness<br>– association with peers who use or sanction use<br>– greater influence by and reliance on peers rather than parents |

# COMMUNITY AND SCHOOL-BASED PROGRAM STRATEGIES

The efforts of the school-community comprehensive project may take on many dimensions, but for clarification should be generally categorized as programs, curricula, or multi-element projects.

Programs define a structure, process, goals and objectives for lessening risk factors and strengthening protective factors within the schools, families, peer groups or communities.

Curricula are sets of lessons with explicit goals and objectives to be achieved, usually within the classroom, and taught either by trained teachers, parent volunteers or student educators.

Multi-element projects are efforts which include several curricula and programs usually implemented by different groups or systems.

Whether in the school or community, the prevention strategy must be sensitive to the age level, social development and culture of the target population. It must consider the sequential stages of student drug use and be implemented by methods and people that are most appropriate for the age group. For example: studies indicate that when well-trained volunteer parents teach drug education curricula in grades K-6 and peer role models deliver a curricula in grades 6-9, the impact is greater than when the same curricula is taught by teachers or outside authorities (Schaps, 1981).

Studies have also shown that the more students themselves can be involved in assessing the problem of local drug use, planning activities, helping each other, and even teaching curricula, the more impact a school prevention effort will have. Peer assistance programs, peer tutoring and youth educators all contribute significantly to the comprehensive program.

It has been proven that schools that initiate "refusal skill" or social influence programs realize significant changes in the level of students' use of tobacco, alcohol and other drugs (Botvin, 1983).

**Such programs:**

- use peer leaders to facilitate high levels of participation through role-play and interaction activities to practice refusal behavior;
- promote an awareness of the covert and overt pressures to use chemical substances;
- focus on the short-term social consequences important to the age group; and
- reinforce group norms against drug use.

### Prevention Program and Curriculum Criteria

When selecting a specific curriculum or program (even a well-known one), it is essential that the planning committee determines what risk factors it intends to lessen and what protective factors it can strengthen. The planning group must keep in mind that the primary purpose of all school-based efforts is to influence or change behavior and the conditions in the school system which contribute to the use of tobacco, alcohol and other drugs. Just defining components is not enough. Prevention curricula appropriate for one population may not be effective for another. If a planning group has designed or is selecting a model program or curriculum, the criteria checklist that follows provides an important tool for assessing the quality of the choice.

### Prevention Program and Curriculum Criteria Checklist

- Is the program or curriculum based on sound theory and does it target the reduction of specific risk factors?

- Will it strengthen any protective factors?
- Is the program appropriate to the level of the target population's development?
- Does the program use recommended prevention strategies?
- Is the program student-focused and relevant to the child's experience?
- Does it utilize a broad methodology for teaching knowledge, skills and concepts?
- Is it appropriate to the culture, ethnicity and socioeconomic situation of the school, families and community?
- Is it comprehensive in design to include components that are school-based, parent-focused, peer-focused and community-focused?
- Does it have a clear "no use" message?
- Does it begin early enough to develop skills and acquire the knowledge needed before students are faced with decisions, not after?
- Is training available for teachers, students, parents and community volunteers.
- Does it have adequate intensity and scope to achieve stated goals?
- Does the program involve students in the implementation of a prevention or intervention service to other students?

# THE INTERVENTION PLAN

Each school community must define an intervention plan to handle students who are identified as using or selling illicit drugs. Intervention is a difficult issue because youth themselves do not see smoking, drinking or drug use as the presenting problem in their lives, and few seek help from either school authorities or treatment services (Stein, 1982). Chemically dependent youth are most likely to be identified by authorities due to disruptive behavior or drinking-driving incidents.

School personnel are in a position to identify the many symptoms of drug-using behavior, such as: absenteeism, lethargy, hyperactivity, hostility, depression, vandalism and low-academic achievement. Rather than establish a range of school-based intervention services, schools need to work closely with law enforcement, juvenile authorities, youth and family counseling services, and alcohol and drug treatment programs. A quality intervention system is one in which school and community agencies clearly define integrated service roles and referral guidelines.

The Intervention Plan links all community resources (youth treatment agencies, 12-step programs, the police, parents and peer role models) to provide services needed by students using alcohol and other drugs (OCJP, 1984). Coordination is essential so that those teenagers referred to various juvenile services have follow-up and ongoing support. This is particularly important when returning to school after a time away for treatment or suspension. School-based, peer-support programs, oriented to nondrug use, support positive lifestyle change and help to replace associations with former deviant peer groups.

# SCHOOL POLICY

When school personnel clearly understand the discipline policy, they are comfortable responding to situations involving student's use of tobacco, alcohol and other drugs. Policies should be flexible enough to allow for case-by-case decisions oriented to emergency or law enforcement procedures. The policy needs to include statements on (SWRL, 1989):

1. reporting and handling of illegal drug activity and delineation of roles;
2. due process issues regarding student rights; reasonable and consistent suspension and expulsion policies;
3. noncompliance with substance abuse policy by school personnel;
4. confidentiality restriction for counselors; state law and school district limitations;
5. extent of school's responsibility to teach drug education curriculum and conduct prevention programs, K-12;
6. inservice training for teachers and administrators; orientation to policy and procedures;
7. student roles and involvement in policy development and representation on advisory and review boards;
8. procedures for medical emergencies and using the intervention system for referral, consultation and treatment;
9. procedures for working with nonschool agencies and personnel;
10. procedures for cooperation between school personnel and law enforcement;
11. procedures for communicating policies and programs to parents and communities;
12. the role of the school and community planning or advisory council; and procedure for periodic policy review and revision.

The policy needs to reflect the group values of the community, be planned with community and youth involvement and be made clear to school personnel, parents, community authorities, health agencies and all students.

Additional guidance and federal requirements concerning school policy for students and staff may be found in the Federal Register, Vol. 55, No. 159, Thursday, August 16, 1990; 34 CFR Part 86, "Drug-Free Schools and Campuses."

## PROGRAM SUPPORT

Two elements are essential to the effectiveness of school-based prevention programs: (1) a positive school climate, and (2) quality, in-depth training for personnel.

### School Climate

The climate of the school is the cultural environment emanating from the quality of interpersonal relationships and structure operating in the system. School climate is one of the most important factors affecting student drug use and related behavior problems. School personnel need to take the time to assess the degree to which their school is fostering a positive climate for students, teachers, administrators, support staff and their parent community. Some of the questions to ask are:

Do our teachers have a supportive and challenging manner?
Do students feel that we really care? Is there a sense of trust from students to teachers? And administrators?
Are students friendly, respecting diverse groups and relating well to each other?
Does the school have a sense of orderliness, color and pleasant ambiance?
Are decisions made and conflicts resolved in a fair and democratic manner? Among students? Among staff?
Are students actively involved in planning and decision making?
Are our school policy and expectations fair and clear to all?
What is the level of parent involvement? How can we increase it?
Do students feel they are in a safe learning environment?

### Training

Two types of training are needed for school staff, faculty, parents and community volunteers. First is general awareness training, which provides everyone with basic information on:

- the nature of tobacco, alcohol and other drug use;
- the comprehensive approach to prevention;
- community resources;
- the intervention plan;
- school policy; and
- the school/community master plan.

### A Philosophy of "No Drug Use" Must be a Consistent Message

The second type of training, quality in-depth, is essential for all those who are involved in teaching or providing prevention services. Just as with other new curricula, teachers and parent or student volunteers need to be involved in ongoing training and support if they are to implement programs well. Most tobacco, alcohol and other drug curricula now include not only factual information, but experiential activities such as role play and situational problem solving. Those that teach such a curriculum must also have the opportunity to experience it and tailor activities to fit the cultural norms of their students and community.

A comprehensive school health program is an organized set of policies, procedures and activities designed to protect and promote the health and well-being of students and staff.

## Monitoring Progress and Evaluating Outcomes

There are several levels of evaluation that a school-community can make in order to assess their comprehensive plan. First, they can and should document the many activities, programs and curricula being conducted in the school, among families, within the community and youth organizations. Keeping track of the numbers of events, content of events, and people involved, provides a minimum level of process evaluation. This level is the one that most prevention programs customarily report because few define outcomes. In contrast, the school-community that uses the comprehensive planning approach targeting risk factors and writing outcome objectives can easily assess their results. For example: the school and families may choose to target parents' low expectations of their children's successes. Their hoped for outcome is: by the end of the school year, 75 percent of the parents of 3rd-5th graders will report that they regularly discuss positive expectations and have set new family goals to support their children's achievement at school. A simple assessment tool could be developed by a group of the parents. They also could conduct and report back on the survey to the Prevention Planning Council.

The school-community may also want to assess changes in the level of alcohol and other drug use, but should only do so as a longitudinal study over several years. Such studies are often costly and usually require the assistance of professional evaluators. Data from surveys may be available to learn about overall changes in a general population's usage. Ultimately, it is the cumulative impact of many local Prevention Planning Councils targeting identified risk factors and outcomes that will significantly alter levels of use when measured in longitudinal studies. Local people making local changes in the conditions in their community hold the greatest promise for prevention.

School health education is one component of the comprehensive school health program, which includes the development, delivery and evaluation of a planned instructional program and other activities for students preschool through grade 12, for parents and for school staff, and is designed to positively influence the health knowledge, attitudes and skills of individuals.

## Use of Existing Resources

Schools do not often realize how many resources are available for the prevention of alcohol and other drug problems. The comprehensive approach to prevention not only widens the responsibility to other community groups, but also opens up many other funding opportunities and available resources beyond the school. These include law enforcement, religious groups, health-care providers, human service agencies, service clubs, business interests and the media, just to mention a few. Consultation, training and materials are available from the state/regional agencies listed, such as: HR, ODE, OPRC, Western Center.

# KEY RISK FACTORS INFLUENCING BEHAVIOR AT FIVE STAGES OF DEVELOPMENT

(Copied with permission from *Together We Can: Reduce the Risk of Alcohol and Drug Abuse Among Youth*, Gibbs, Bennett, 1990. Published by CHEF)

## Children 0-4 Years Old (Infancy and Preschool)

The first years in a child's life are the foundation of many patterns. Their daily small worlds consisting of accelerated growth and many needs are dependent upon the quality of care from parents and other caregivers. The most critical variable in the development of trust and a sense of coherence is for the child to have constant feedback from primary caregivers early in life (Werner 1985). The young child, busy developing sensorimotor and language skills, needs an environment which provides security and sets consistent limits, yet also encourages autonomy. Studies tell us that babies whose parents perceived them to be "cuddly and affectionate" during their first year of life are twice as likely to develop resilient characteristics. The accessibility and availability of adequate housing, health care, child care, education and employment are crucial to young parents being able to provide good care for infants.

**Key risk factors**:

- lack of parental care
- parental alcoholism, criminality and mental illness
- family discord or abuse
- loss or separation from primary caregiver
- lack of bonding and caring

**Possible strategies**:

- Inform young women of fetal alcohol and drug syndrome.
- Urge and arrange for prenatal care.
- Teach young parents basics of child care and importance of bonding.
- Provide quality day care services in the community.
- Organize support groups and services for families.
- Ensure early success experiences at school.

## Children 5-7 Years Old (K-2nd grade)

Children of this age group are oriented to their parents and are making a transition to the school setting. Their primary focus is upon self, and they need secure environments in which boundaries and limits are clearly set. Preschool children are still developing motor and language skills and have a short attention span. They identify with their own gender and enjoy group play and fantasy. Long explanations are lost because the age group has difficulty dealing with more than one or two ideas at once. Although they do not distinguish between physical and psychological causes of illness, they hear health messages concerning physical strength and attractiveness.

**Key risk factors**:

- antisocial behaviors
- low family expectations of success
- lack of bonding and caring

**Possible strategies**:

- Encourage prosocial development (cooperation, sharing and caring).
- Encourage problem solving and planning through child-initiated activities.
- Promote bonding to family and school.

## Children 8-11 Years Old (3rd-5th grades)

This age group is relating to others in the school and neighborhood, although the family system is still of primary influence. They have started to think rationally, to generalize and to integrate ideas and causes. Third to 5th graders enjoy group play and peer relationships with the same gender. They are often competitive, have difficulties with peers, and can be unaware of how their behavior affects others. Behavior is learned from parent and older role models. They are more concerned about their physical than social image. Some begin experimenting with or using the "gateway drugs" (tobacco, alcohol and marijuana).

**Key risk factors**:

- family management problems
- lack of monitoring
- inconsistent or harsh discipline
- positive attitudes toward use
- poor school climate
- academic failure
- antisocial behaviors
- easy availability of drugs
- community disorganization

**Possible strategies**:

- Train teachers to use cooperative learning groups to promote academic achievement and social skills.
- Select quality classroom curricula targeting the gateway drugs and decision making.
- Involve parents in taking action on family risk and protective factors.
- Assess and improve school climate.
- Establish norms of nondrug use.
- Provide recognition, rewards and reinforcement.

## Youth 12-15 Years Old (6th-9th grades)

Youth are now capable of problem solving, can think abstractly and hypothetically and can integrate multiple factors to understand concepts. They are, however, more oriented to the present than the future, are preoccupied with self-presentation, acceptance by a peer group and physical maturity. They can differentiate between self and environment, yet feel awkward in social skills. The age group is seeking acceptance from peers, sexual intimacy, role models and independence in decision making. Many experiment and use chemical substances just to be part of a social group.

**Key risk factors**:

- all of the factors cited above for 8-11 year olds
- labeling or identifying students as "high risk"

- school transitions
- friends who use
- family condones teen use of alcohol and drugs

**Possible strategies:**

- Arrange for positive peer role models to teach social influence (refusal skills) curricula.
- Provide involvement and leadership opportunities.
- Help parents understand developmental tasks of adolescence.

### Youth 16-18 Years Old (10th-12th grades)

The primary task and concern of all teenagers is to achieve individual identity, autonomy, financial independence, significant relationships and distancing from family. By now, many youth become more concerned with the psychological effects drug use may have than with the social or physical effects. They are capable of thinking through a wide range of ideas and enjoy discussions pertaining to their interest and the future. They need family understanding and encouragement to make a successful transition into the adult world.

**Key risk factors:**

- truancy and suspension
- community norms and laws favorable to misuse
- lack of employment opportunities
- alienation and rebelliousness
- unclear family expectations for behavior
- family history of alcoholism

**Possible strategies:**

- Provide leadership opportunities (community projects, drug-free alternatives, peer programs).
- Involve students in decision making.
- Support exploration of career development alternatives.
- Arrange employment and business opportunities.
- Involve students in teaching life skills to younger teens.
- Help families understand developmental tasks of adolescence.

# MONITORING PROGRESS AND EVALUATING OUTCOMES

Unlike the majority of prevention-driven activity efforts now being conducted throughout the country, the school-community that focuses on planned outcomes to reduce specific risk factors can evaluate its accomplishments. This provides accountability to funding groups and gives the community results to celebrate.

Evaluation is not a threat or a one-time event. It is an ongoing process of assessment and learning which is built into the planning and undertaking of the Drug-Free Schools and Communities Advisory Committee. The four-fold planning program development process include the following:

- learn about known risk factors that lead to use;
- plan positive outcomes for target groups;
- implement prevention strategies; and
- review actual outcomes.

**During its planning, the Advisory Committee evaluates itself with key questions to assure the quality of it effects:**

- Where should we focus our prevention efforts to make a difference?
- Will the prevention strategies selected achieve our intended outcomes?

**During the implementation of multiple strategies, the Advisory Committee monitors progress:**

- How well are the participants carrying out planned strategies?
- Do these strategies still seem appropriate?
- What additional support do people need to conduct strategies well?

The purpose of monitoring is to improve the program effort. It is not to be "watchdogs" of those carrying out efforts but to be partners who bring a perspective on how well things are working. This leads to improvement and assures that the outcomes will be achieved.

**After an adequate time (6-12 months), the Council evaluates outcomes by asking:**

- Which risks in the community have we been able to reduce?

Having identified the indicators of certain risk factors, they are again assessed. Example: The Prevention Council had set an outcome that families will increase bonding to their children. The outcome was based on indicators that showed a high percentage of families:

- did not spend much time with their children;
- did not express positive expectations for their futures;
- did not have clear guidelines concerning the use of alcohol and other drugs; and
- did not monitor their children's activities well.

There are various ways to assess change. Some methods might include interviews, focus groups, observations and surveys. For some indicators, existing records (school, agency, law enforcement) may be collected before and after the implementation of strategies. The sophistication of the evaluation needs to be appropriate to the community's needs and expectations. Success can be measured in many ways.

Often the first thought of prevention planning groups is to assess whether the level of use has changed. Such studies are expensive, need to be conducted by professional evaluators and should only be done as longitudinal studies over several years. It really is not necessary to do such studies at the local community level. The known risk factors leading to the use of alcohol and other drugs among youth have already been proven through dozens of research studies. By targeting risk factors, the level of use will decrease.

My
Friend
Me

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**Background for Teachers** **Grades K-3 (ages 5-8)**

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Grades K-3 encompass a tremendous developmental range, from children four years of age who are socially, physically, and emotionally immature to nine-year-olds who are on the verge of adolescence. Although this text will refer to general characteristics, teachers should take into account the actual age and development level of students with whom these lessons are used.

Children in grades K-3 are optimistic, eager, and excited about learning. They see that life has a lot to offer and they are impatient with what they perceive as the slowness of the growing-up process.

Children in the K-3 years generally have little or no direct involvement with drugs—although some children do live in environments in which drugs are used, and consequently are exposed to serious drug-related problems, such as violence and lack of responsible adult supervision. Even in such circumstances, young children believe that adults are basically good and want the best for children.

Although most young children have very limited experience with drugs, they are aware of drugs and are curious about them. They may know adults who drink alcohol or smoke, or they may see such activities on television.

Drug prevention education at this young age should:

- help children develop problem-solving and decision-making skills;
- help children assess the validity of information sources;
- enhance children's ability to communicate with trustworthy people in their lives;
- continue to build optimistic, positive self-perceptions in children;
- recognize that children in grades K-3 are motivated by a desire to please others, especially adults, a desire to know how to do things, and a desire to be older than they are.

The curriculum model was developed with the following concepts in mind.

Children in grades K-3 are physiologically immature and continue to need adult guidance and supervision. For example, they still may need help deciding on clothing appropriate for a change in the weather or need reminders about the dangers of crossing a busy street. They need adult supervision for proper nutrition, exercise, relaxation, and rest. Consequently, they need careful and sensitive guidance in developing competence, confidence, and responsibility.

Children in grades K-3 think and learn concretely. They do not have a realistic (adult) sense of space and time; they tend not to think in the abstract or to understand fully ideas or consequences involving the future. They learn by following the behavior of others—especially parents and teachers, older siblings, and heroes from sports, television, movies, and music. They are likely to "do as I do," not to "do as I say." Imitating the behavior of older people is one example of how young children learn concretely. Another example is by manipulating objects during the learning process; touching something makes it real.

Because young children lack the ability to think abstractly, they may have difficulty separating fact from fantasy. These years have a magical quality, and young children in turn love magic and fantasy and perceive them as real. They believe that if they want something to be a certain way, they can wish it so. In their world, the "good guys" always win, and adults always tell you to do the right thing.

Children in grades K-3 have little knowledge about drugs and therefore need information, especially about drugs they may be somewhat familiar with, such as tobacco and alcohol.

Young children are very trusting of adults. They believe that "might makes right," and because they are older and bigger, adults know what is right. Young children trust that adults will not betray them. Consequently, they believe information from adults is credible and accurate—whether it is in the form of a television advertisement or a parent offering them an aspirin for a fever. Unfortunately, this high level of trust also may cause them to engage in activities, including illegal activities, that could harm them.

Children in grades K-3 generally feel good about themselves. As long as they are not evaluated or punished too harshly at home or school, they tend to feel they can do anything and that their future is very positive. They generally like school and are especially eager to learn to read and to do math. They like to learn about their immediate world, rather than that which is far away. They want to develop their physical and intellectual skills. Receiving negative responses and evaluations of their efforts from trusted adults is the primary factor that interferes with the ongoing development of a sense of self-assurance and competence.

Young children enjoy being with other people, especially other children. Play is the "work" of young children, the way in which they learn and explore the world beyond their own experience. Although young children have limited skills to develop friendships, they work on friendship development in every way they think might work. Sometimes their efforts backfire, and they are rejected by other children. Adults can help guide children in developing social skills and in fostering positive relationships with others.

Even very young children show concern when other children are hurt. In their everyday activities, young children develop notions of fairness, sharing, and kindness.

Young children need time to engage with others of their age in simple, adult-supervised play experiences in which they can learn how to get along with others. During this period, children can develop refusal skills—the ability to say no to a request, demand, or dare from someone their age. Young children are empathic and want to help others. Adults should encourage helpfulness in children, because this quality will encourage strong peer relationships in later years.

In working with children in grades K-3, adults need:

- to understand their role as models of appropriate behavior for children;
- to guide young children in the development of personal responsibility by supervising them and being available as a resource for support and information—while gradually allowing them more independence;

- to help children separate fact from fantasy. This means helping children assess the credibility of information from various sources such as television, a peer, or a trusted adult.

Classroom lessons on drug prevention should follow these guidelines:

- Focus on the present regarding things young children know about or have experienced.
- Place little emphasis on evaluating how well students recall information or perform activities.
- Present lessons in an open and supportive atmosphere.
- Provide opportunities for students to develop a sense of self-confidence.
- Provide opportunities for students to build their skills in decision making and problem solving.
- Help students improve communication skills, especially with family and peers.
- Help students understand that everyone needs help or guidance sometimes and that asking for help when it is needed is a strong, positive behavior that should be developed by everyone.
- Provide some basic information about drugs and their use.
- Foster a learning environment in which students feel comfortable asking questions and making decisions.
- Foster a learning environment in which students are encouraged to be responsible for themselves and others.

Children in grades K-3 generally have limited knowledge about or exposure to drugs, but there are three important reasons for teaching about drug prevention at these grade levels:

1. Information children learn now will form the foundation for all future drug prevention efforts. At these ages, children are open to learning life skills they will need later to accept responsibility for their actions, to resist peer pressure, to seek help with problems, and to respect themselves and others.

2. At these ages, children might be exposed to alcohol, tobacco, or other drugs within the family and have experienced negative effects of drug use.

3. Although drug prevention education should begin in the home, children need the reinforcement of classroom lessons and activities to help develop values that will ensure that they do not use drugs.

### Concern about drugs

From what they have heard through the news media and perhaps at home and school, young children are afraid of drugs and may be confused about how they might become involved with drugs. Educators should answer children's questions honestly and straightforwardly and help them to make rational, nonemotional decisions not to become involved with drugs.

Young children may have similar concerns about AIDS. Educators should explain that acquired immunodeficiency syndrome (AIDS) is spread by a virus that is difficult to transmit from person to person.

### Information about drugs

In grades K-3 drug prevention lessons should focus on alcohol, tobacco, marijuana, and other drugs to which these children are more likely to be exposed. They need to understand that these drugs are harmful, and that using them can lead to dependence and can damage their health.

Children in these grades need to be able to distinguish medicines from illegal drugs. They also need to be able to determine from whom they may take medicine.

### Drug prevention education

Drug prevention lessons and activities in grades K-3 should:

- keep information simple and direct;
- focus on life skills, such as decision making and problem solving;
- not glamorize or instill inappropriate fear about drugs;
- emphasize that most people do not use drugs;
- emphasize the development of responsibility for self and others;
- encourage the development of self-confidence; and
- emphasize information over evaluation and testing.

## Background

Most parents of children in grades K-3 are interested in their children and want to be involved with all aspects of their growth and development. Children at these ages are still very tied to parents: they want parents around, seek their advice, and ask for help with various learning tasks. Consequently, efforts on the part of the school to get parents involved in the education of their children in grades K-3 are likely to be successful.

Some of the best ways to get parents involved in school are through regularly scheduled conferences, back-to-school nights, parent newsletters, field trips and class parties, and tutoring or help-with-homework sessions. Parents of children at this age level usually are willing to help out in school when they can. Parents may need information about drugs and drug use as well as suggestions on what they can do at home to reinforce the drug prevention message.

In working with parents of children in grades K-3, keep in mind the following:

- Most parents do not believe that their children would become involved with drugs.
- Many parents may need help to talk to their children about drugs.
- Some parents might not know important facts about drugs, such as their names and how they are used.
- Parents might not know how much their children know about drugs.
- Parents might push their children into situations they cannot handle socially, emotionally, or intellectually.
- Parents need to know what their children are learning and experiencing at school.
- Some parents have alcohol and other drug problems that make it difficult for them to deal with the drug prevention message.

## Suggestions for involving parents

To enhance parents' involvement in drug prevention, consider doing the following activities:

- Send parents a regular newsletter describing and updating curriculum efforts, including those related to drug prevention.
- Encourage the local parent-school organization to conduct a program for parents on drug prevention education. Be sure to schedule activities and events to accommodate the needs of parents who work outside the home.
- Invite parents to visit their children's classrooms and participate in school activities so they will know what their children are learning.
- Send parents information on drugs and how they are used.
- Send parents lists of local sources of information and local treatment programs for drug abuse.

Children in grades K-3 are the pride of most communities. They are looked upon with hope, enthusiasm, and approval. Young children are innocent, vulnerable, and eager to learn, and communities are especially concerned about protecting them from danger, including drugs.

Americans want young children to retain their innocence as long as possible. Yet through movies, televisions, and sometimes real life, even young children are exposed to drugs and are curious or concerned about drug use. Drug prevention education consequently must begin early, at the kindergarten level, so that children learn how to resist pressures to use drugs and other harmful influences and how to make healthy, safe decisions.

As educators of these young children, school administrators and teachers have influence well beyond the classroom. Educators know children and children's needs and can speak powerfully on their behalf. Educators' knowledge and influence can be very persuasive in soliciting community support for drug prevention efforts.

Involving the community requires determining specific ways in which local police, religious leaders, news media, health and social service agencies, business leaders, merchants, park and recreation officials, planners, and other community leaders can work with the schools to help keep children off drugs.

School administrators and teachers can form alliances with community agencies and businesses to further the prevention efforts. For example, schools can suggest that the community involve itself in drug prevention efforts in the following ways:

- Organize a task force or coalition of groups and individuals in the community committed to helping prevent drug use.
- Ask local businesses and other employers to provide or help fund day care, including care before and after school.
- Ask local businesses, employers, civic groups, and others to provide or help fund adequate recreation facilities and supervision for those facilities.
- Ensure that sidewalks and streets around school buildings are safe and in good repair.
- Maintain and beautify school recreational facilities, including playgrounds.
- Encourage private-sector support for special programs, field trips, and extra resources for school texts, materials, and teacher recognition programs.
- Encourage local newspaper, television, and radio coverage of positive news about children in grades K-3.
- Ask community leaders such as police, fire, and recreation officials, to speak to K-3 classes about the importance of remaining drug free.
- Carefully screen adults working with young children.
- Encourage cross-age tutoring or activities using older elementary students or even senior citizens.
- Encourage Adopt-a-School programs by local businesses.

## GRADES K-1

| SUBJECT | LSN NO. | CONTENT | AOD NO. | CCGs | SUBJECT INFUSION |
|---|---|---|---|---|---|
| Art | 1 | Advertisement | 9 | 1.3 | Language Arts, 1.9a |
| Health | 2 | Self-Esteem | 1 | 2.0 | |
| | 3 | Feelings | 1 | 2.0 | |
| | 4 | Individuality | 1 | 2.0 | Language Arts, 2.1 |
| | 5 | Self-Esteem | 1 | 2.0 | Language Arts, 1.0 |
| | 6 | Feelings | 1 | 2.0 | Language Arts, 2.0/ Art, 2.2 |
| | 7 | Feelings/Stress | 1 | 2.2 | |
| | 8 | Personal Safety | 3 | 1.1 | Art, 1.3 |
| | 9 | Decision Making | 7 | 2.1 | |
| | 10 | Safe Living | 3 | 1.1 | |
| | 11 | Safe Living | 3 | 1.0 | Science, 2.6 |
| | 12 | Poisoning—911 | 3 | 1.0 | |
| | 13 | Poisonous Substances | 3 | 1.1a | Art, 1.3 |
| | 14 | Healthy Choices | 3 | 7.2 | Social Studies, 1.1 |
| | 15 | Drug Information | 4 | 1.1 | |
| | 16 | Drug Information | 4 | 1.0 | |
| | 17 | Safety | 4 | 1.1 | |
| | 18 | Decision Making | 4 | 1.1 | Math |
| | 19 | Social/Refusal Skills | 6 | 1.1 | |
| | 20 | Laws | 2 | 1.0 | Science |
| | 21 | Risk Management | 6 | 2.1 | Social Studies |
| | 22 | Assertiveness/Refusal Skills | 6 | 2.1 | Art |
| | 23 | Social Skills | 6 | 2.0 | Music |
| | 24 | Decision Making | 7 | 1.1 | |
| | 25 | Problem Solving | 8 | 1.0 | Math |
| | 26 | Problem Solving | 7 | 2.0 | Music/PE |
| | 27 | Problem Solving | 7 | 2.0 | Social Studies |
| | 28 | Healthy Choices | 7 | 1.0 | Music/Art |
| | 29 | Problem Solving | 7 | 1.1 | |
| Language Arts | 30 | Responsibility | 2 | 1.0, 2.0 | Health, 1.0/Art, 1.3 |
| | 31 | Communication | 8 | 1.5 | |
| | 32 | Communication | 8 | 1.7a | |
| | 33 | Communication | 8 | 1.1 | |
| | 34 | Media—Advertisement | 9 | 1.9a | |
| | 35 | Communication Skills | 8 | 1.5 | |
| Math | 36 | Uniqueness—Measuring | 1 | 5.2 | Health, 3.3 |
| | 37 | Drug Knowledge—Time | 4 | 5.1 | |
| | 38 | Graphing—Vitamins | 4 | 6.1 | |
| | 39 | Plant—Measuring Harmful, Healthy Substances | 4 | 5.0 | Science, 1.0 |
| Social Studies | 40 | Self-Esteem | 1 | 5.0 | Art, 1.3 |
| | 41 | Responsibility | 2 | 10.0 | |
| | 42 | Responsibility | 2 | 10.1b | Art, 2.1 |
| | 43 | Self-Responsibility | 2 | 8.0 | |
| | 44 | Laws, Rules | 2 | 2.0 | |
| | 45 | Refusal Skills | 6 | 8.1 | |
| | 46 | Social Interaction | 6 | 8.1 | |
| | 47 | Career Awareness | 10 | 2.1 | |
| | 48 | Social Skills | 6 | 8.1 | |
| | 49 | Social Skills | 6 | 7.4 | |

| SUBJECT | LSN NO. | CONTENT | AOD NO. | CCGs | SUBJECT INFUSION |
|---|---|---|---|---|---|
| | 50 | Risk Taking | 6 | 6.4 | Health, 2.1 |
| | 51 | Decision Making | 7 | 2.1 | |
| | 52 | Feelings | 1 | 8.1 | |
| | 53 | Friendship—Social | 6 | 6.4, 8.1 | |
| | 54 | Self-Esteem | 1 | 8.1 | |
| | 55 | Peer Pressure, Add./Sub. | 6 | 5.3 | Math, 2.2 |
| | 56 | Decision Making | 7 | 7.4 | Health, 2.0 |
| | 57 | Communication Skills | 8 | 8.1 | Music, 3.1/PE, 1.3 |
| | 58 | Communication | 8 | 6.4 | |
| | 59 | Career Awareness | 10 | 8.0 | Music, 3.1 |

LESSON #1

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Art/Language Arts

LESSON OBJECTIVES:

Content Area: Listen, read, view, and evaluate presentations of mass media. CCG: 1.9a, 1.3

AOD Prevention: Media-advertising influences. AOD: 9

LESSON DIRECTIONS: Review magazines for advertisements. Discuss and list the different components of an "ad" (words, picture of product, picture of person using/recommending product, etc.).

Time: 25 minutes

Follow-up: "Why are there advertisements for things that are not good for us?"

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Variety of magazines, glue, scissors

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #2

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: The student will demonstrate the ability to express verbally and/or in writing a positive comment about a classmate. CCG: 2.0

AOD Prevention: Self-esteem, feelings. AOD: 1

LESSON DIRECTIONS: Writing special "Good Feeling" notes for special person of the day.

Teacher Instruction: Teacher will instruct the class early in the day to write one special or nice thing about the designated special person of the day. They are to place their note in the "Good Feelings" bucket. (Discuss ahead of time what's appropriate.)

Student Activity: Students will write one special/nice thing about the special person of the day (students don't sign notes) and place this note in the "Good Feeling" bucket. At the end of the day, the students will listen to the teacher read each positive note (NO negative comments will be read). The notes will be put in the special person's envelope and can be taken home to be shared with parents.

Time: 15 minutes for approximately one month.

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: "Good Feelings" bucket, note paper for good feelings, envelope for "special" notes.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #3

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: The student will demonstrate the ability to express verbally and in writing, experiences of feeling loneliness and anger. Discuss how to cope with these feelings. CCG: 2.0

AOD Prevention: Feelings AOD: 1

LESSON DIRECTIONS: To make a book about their feelings:

Teacher Instruction: The teacher will choose one feeling per session that the students will be asked to write or dictate about. For example, the teacher may choose loneliness for the first session, anger for the second. The teacher instructs the students to write or dictate one or two sentences about when and why they sometimes feel lonely, and then to draw a picture of themselves when they are feeling this way. They will be asked to share their page.

Student Activity: The students will write or dictate a sentence or two about when and what makes them feel lonely. Then they will draw and color a picture of themselves when they are feeling lonely. The students will all share their page in their booklet with the rest of the class (students could also decorate their booklet with pictures from magazines).

Time: 35 minutes per session.

Follow-up: During sharing of their "feeling" page, the teacher, together with the rest of the class, can come up with ways on how to cope with loneliness, i.e., try new ways to make friends, join a club, t-ball, etc. Could also make a class book.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Along with the students' discussion of their various feelings, have paper for writing and drawing, pencils, and crayons.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #3a
Health

## ALL ABOUT MY FEELINGS

## LONELINESS

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1

SUBJECT AREA: Health/Language Arts

LESSON OBJECTIVES:

Content Area: Realize personal uniqueness. CCG: 2.0/2.1

AOD Prevention: Define unique. Explain factors that make an individual unique. AOD: 1

LESSON DIRECTIONS: Have children look in the mirror at their own characteristics. Have them look at friends. Talk about how they are all the same and different and that being different is okay.

Using butcher paper, have children draw body maps by having an adult trace the child's outline. Child can draw in features and clothing.

Bring photos of themselves to school as younger (0-1 year) children and discuss each uniqueness and try to match to the kids today.

Time:

Follow-up: Writing activity: I am _____. I am special because _____.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Scissors, markers, crayons, photos from home, mirrors, poem, worksheet: "I'm Glad" (4a)

TEACHER PREP: Butcher paper, large cleared area of floor

TEACHER BACKGROUND:

SOURCE:

LESSON #4a
Health/Language Arts

# JUST LISTEN

## I'm Glad

I wish I were the moon, the sea,
The wind, a tree, an elf!
But since I can't be all of these,
I'm glad I am MYSELF.

What things make you glad to be you?

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Language Arts

LESSON OBJECTIVES:

Content Area: Develop personal abilities and interests. Describe personal strengths and weaknesses. CCG: 2.0/1.0

AOD Prevention: Identify personal strengths, abilities, and assets. AOD: 1

LESSON DIRECTIONS: Guide students toward developing their personal abilities and interests by:

- Helping students choose books related to an interest or ability.
- Encouraging students to share abilities and interests through show and tell.
- Having students illustrate how they spend their leisure time (use the worksheet "My Free Time").

Optional: Read the book ***Leo the Late Bloomer***. Discuss Leo's strengths and weaknesses.

Explain that some children are good at some things and others are good at other things, but that we all are good at some things. Have students illustrate their strengths and weaknesses on the worksheet "I Can Do." Emphasize that people can improve the things they do well with practice.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "My Free Time" (5b), crayons, ***Leo the Late Bloomer*** (by Robert Kraus, 1971, New York: Windmill Books), worksheet: "I Can Do."

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #5a
Health/Language Arts

Name ______________________________ Date ________________

## I Can Do

| Something I Can Do Well | Something I Want To Do Better |
|---|---|
|  |  |

LESSON #5b
Health/Language Arts

Name ______________________________ Date __________________

## My Free Time

***In My Free Time I Like To . . .***

LESSON #6

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1

SUBJECT AREA: Health/Language Arts/Art

LESSON OBJECTIVES:

Content Area: Identify personal beliefs, values, and feelings. CCG: 2.0/2.2

AOD Prevention: Identify personal beliefs, values, and feelings as they relate to positive and constructive behavior and self-concept. AOD: 1

LESSON DIRECTIONS: Discuss the importance of understanding and expressing our feelings.

Talk about it being okay to feel mad, sad, angry, etc. We all do, even grownups. What can we do when we feel mad, sad, angry, etc.?

Have students role play the following situations and conclude with appropriate actions.

- How would you feel if you found an unknown substance and needed help?
- How do you feel if someone you know is sick?
- How do you feel when someone you know is feeling better?

Students might also make puppets, pictures drawn on paper plates, or smiling and frowning faces drawn on fingertips to show how they feel in various situations.

Time: 20 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Puppets, paper plates, crayons, paper sacks

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #7

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Observe how emotional stress leads to physical problems. CCG: 2.2

AOD Prevention: Describe the relationship between psychological or emotional stress and physical stress. AOD: 1

LESSON DIRECTIONS: Talk about things that make us happy, such as:

- A good day at school.
- A nice day with a friend.
- A fun day with the family.
- A winning picture in a contest.

Ask students how these things make us feel inside.

Talk about things that make us worry or feel upset, such as:

- A bad day at school.
- A problem in the family.
- An argument with a friend.
- Getting punished in class.

Again, ask students how these things make us feel inside.

Distribute the worksheet "Worry Monster and Wiley Smiley" and have students color each character. Paste each character on a piece of manila paper to help illustrate the following:

- How does "Worry Monster" or "Wiley Smiley" make me feel inside?
- What makes me worry?
- What makes me smile?

Use magazines for pictures to help illustrate, gluing pictures of happy feelings on "Wiley Smiley" and worry or upset feelings on "Worry Monster."

Time: 1-2 lessons (may want to split into 2 lessons)

Follow-up: Make copies of "Worry Monster" and "Wiley Smiley" for all students. Paste on stick puppets. Students can then hold up the puppet that best represents how they feel in a given situation.

LESSON #7
Health

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "Worry Monster and Wiley Smiley," crayons, scissors, paste, magazines, 12" x 18" paper.

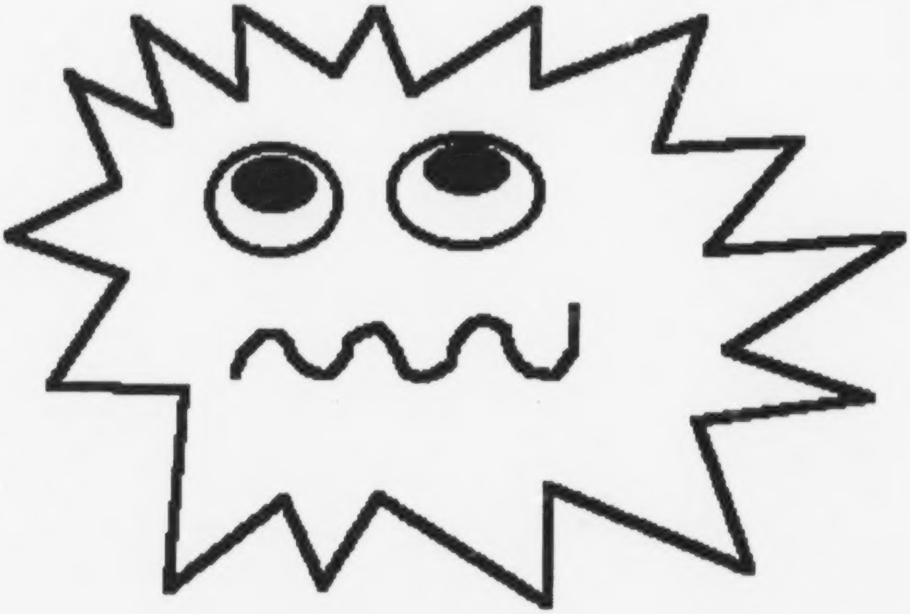
TEACHER PREP:

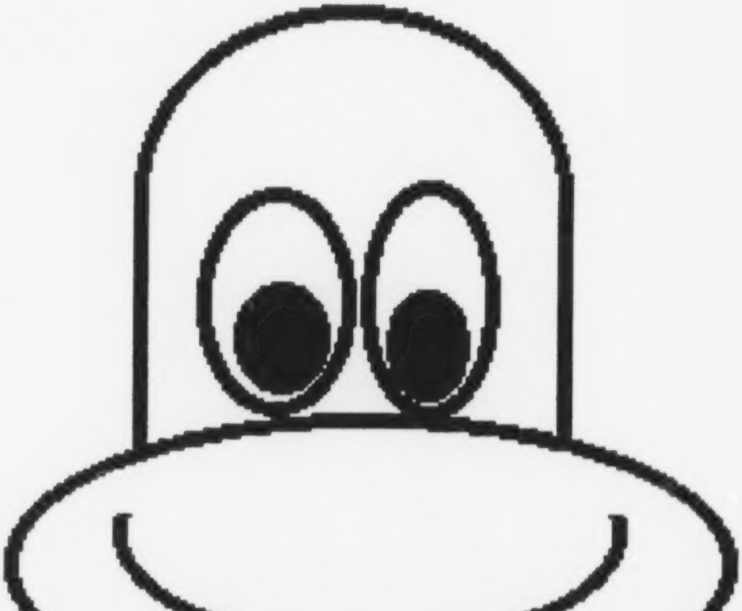
TEACHER BACKGROUND:

SOURCE:

Name ______________________________ Date ____________________

## Worry Monster and Wiley Smiley





LESSON #8

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Art

LESSON OBJECTIVES:

Content Area: Identify people to talk to, person safety. CCG: 1.1/1.3

AOD Prevention: Name accessible individuals who can help students. AOD: 3

LESSON DIRECTIONS: List on the board and show pictures of all people who help us, including parents, friends, nurses, teachers, counselors, police officers, doctors, grandmothers, grandfathers, sisters, brothers, aunts, uncles, neighbors, and others.

Start a discussion about getting help from an adult to taking medicine by asking students the following questions:

- How many of you have ever taken medicine?
- Who gave you the medicine?
- Who else can give you medicine (nurse, doctor, parents)?

Stress that children must never take medicine without permission and help from an adult.

Have students cut out pictures of people helping people. Then have them paste the pictures on the poster board to create a class collage.

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Magazines, crayons, paste, scissors, and poster board.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #9

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

**GRADE LEVEL:** K-1 **SUBJECT AREA:** Health

**LESSON OBJECTIVES:**

**Content Area:** Demonstrate assertiveness and refusal skills. Identify, develop, and practice effective decision-making skills. CCG: 2.1

**AOD Prevention:** Describe effective ways to reject offers of tobacco, alcohol, or other drugs. AOD: 7

**LESSON DIRECTIONS:** Emphasize proper use of medicines and give examples of who can give medicine: nurse, parents, teacher, or responsible adult.

Show medicine such as baby aspirin or cold tablets and candy that looks like medicine. Discuss the differences between the two. Point out that even though medicines are made to taste good, they should not be used any other way except as medicines when a person is sick.

Ask the children to role play what they would do in the following situations:

- Finding a bottle of pills on the playground.
- Finding a younger brother or sister playing with a bottle of medicine (enabling?).
- Playing with older children who want to experiment with illegal drugs.
- An older friend tries to get you to smoke a cigarette.
- Your older friends want you to sniff glue or spray paint.
- Someone finds a used syringe (AIDS).

**Time:** 20 minutes

**Follow-up:**

**MODIFY FOR HIGHER-LOWER GRADES:**

**MATERIALS NEEDED:**

**TEACHER PREP:** This lesson could be a springboard to a game about all kinds of situations. A McGruff puppet would be an effective tool for expanding the ideas presented.

**TEACHER BACKGROUND:**

**SOURCE:**

LESSON #10

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Healthy habits; safe living. CCG: 1.1

AOD Prevention: Health habits; wellness. AOD: 3

LESSON DIRECTIONS: In large group, list/name several activities that are healthy things to do. Include examples relating to nutrition, exercise, personal hygiene, rest, positive relationships.

Then list/name activities that are unhealthy. Include examples of dangerous/risky activities, too.

The group practices deciding if an activity is healthy or unhealthy. The teacher names an activity and students give a "thumbs up" or "thumbs down" sign.

Individuals come to the teacher one at a time and draw a task card. They read the activity named on the card (e.g., go for a walk), and jump to either "Health Town" or "Sick City."

Time: 30 minutes

Follow-up: Keep personal logs of own health habits. Look for magazine pictures showing healthy/unhealthy activities and foods.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Healthy and unhealthy activities printed on task cards, masking tape, Health Town and Sick City signs.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #11

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Science

LESSON OBJECTIVES:

Content Area: Safe living; poisons and chemicals. CCG: 1.0/2.6

AOD Prevention: Many chemicals are poisonous; children should not touch them. AOD: 3

LESSON DIRECTIONS: Review a list of chemicals. Remind students what chemicals are.

Ask students what the word poison means. Ask them to name some things that are poisonous (lists of poisons and chemicals should be similar).

Use Mr. Yuk stickers (or have children draw and cut out "yucky" faces) to label everything in the classroom that could be poisonous to children.

Stress to students that they must never put any unknown substances into their mouth. Stress, too, that they must never take medicine, vitamins, or any other chemical except from an adult caregiver they know and trust.

Give students Mr. Yuk stickers or have them make more "yucky" faces. Ask students to take them home and label poisons or medicine with a family member.

Time: 25 minutes

Follow-up: Lesson #15

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Mr. Yuk stickers (from local poison control center), paper, crayons, and scissors.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #12

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Safe living CCG: 1.0

AOD Prevention: Know what to do if someone accidentally takes something poisonous. AOD: 3

LESSON DIRECTIONS: Vocabulary: Emergency/poison

Tell the students that you want to tell them a story. Once upon a time there was a boy named Paco. One day when Paco's whole family was busy, Paco decided he was hungry.

So, Paco got into the cupboard and found some pills that he remembered taking when he was sick. Paco sat down and thought about whether he should eat them.

Ask: Should Paco eat them? Why? Why not? What might happen if he does?

Ask students to pretend that they are one of Paco's brothers or sisters. Ask them what they would do if they found out that Paco had eaten the pills.

WHAT TO DO IN AN EMERGENCY: Stress to students that the first thing to do is to tell an adult. If there is not an adult nearby, they should call the police or dial 911. (Students need to be familiar with the numbers 9 and 1.)

Have students draw a picture of someone who has accidentally been poisoned. Have them write "Call 911" at the top of their pictures.

Time: 20 minutes

Follow-up: Have students use a play telephone to practice dialing 911 and explaining the emergency to the "officer" on the other end (have teacher or visiting teacher or principal be the officer).

Tour 911 office, distribute 911 stickers and/or coloring books (GTE).

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Construction paper, crayons, a play telephone, 911 stickers, and coloring books.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #13

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Art

LESSON OBJECTIVES:

Content Area: Identify and discuss household safety hazards. CCG: 1.1a/1.3

AOD Prevention: Personal health and safety. AOD: 3

LESSON DIRECTIONS: Show pictures of rooms or areas in the home where dangerous substances are found.

On the board, draw a house shape. Ask students to say where hazards and dangerous substances are found in each room.

Have the children make a large mural showing a home and the potential hazards to be avoided in each room. These hazards include the following:

- Pesticides kept in lower, unlocked cabinets
- Unprotected outlets
- Food left cooking on the stove unattended
- Cleansers left in reach of children
- Medicine bottles left in the reach of children

Have students complete the worksheet "Keeping Safe" by placing an "X" on the items in the picture which can be dangerous for a young child to handle or swallow.

Extension: Send letter and paper home with child asking that a plan of house be drawn together and areas of hazards marked. Return to school, display and discuss as a class (around room or in book). Have children attach Mr. Yuk stickers to hazards at home.

Time: 2-3 lessons

Follow-up: Video: Poisonality, produced by The Poison Center Organization.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Pictures of various rooms and areas in the home where dangerous substances can be found, butcher paper, crayons, worksheet: "Keeping Safe," Mr. Yuk stickers, Poisonality video.

TEACHER PREP:

TEACHER BACKGROUND:

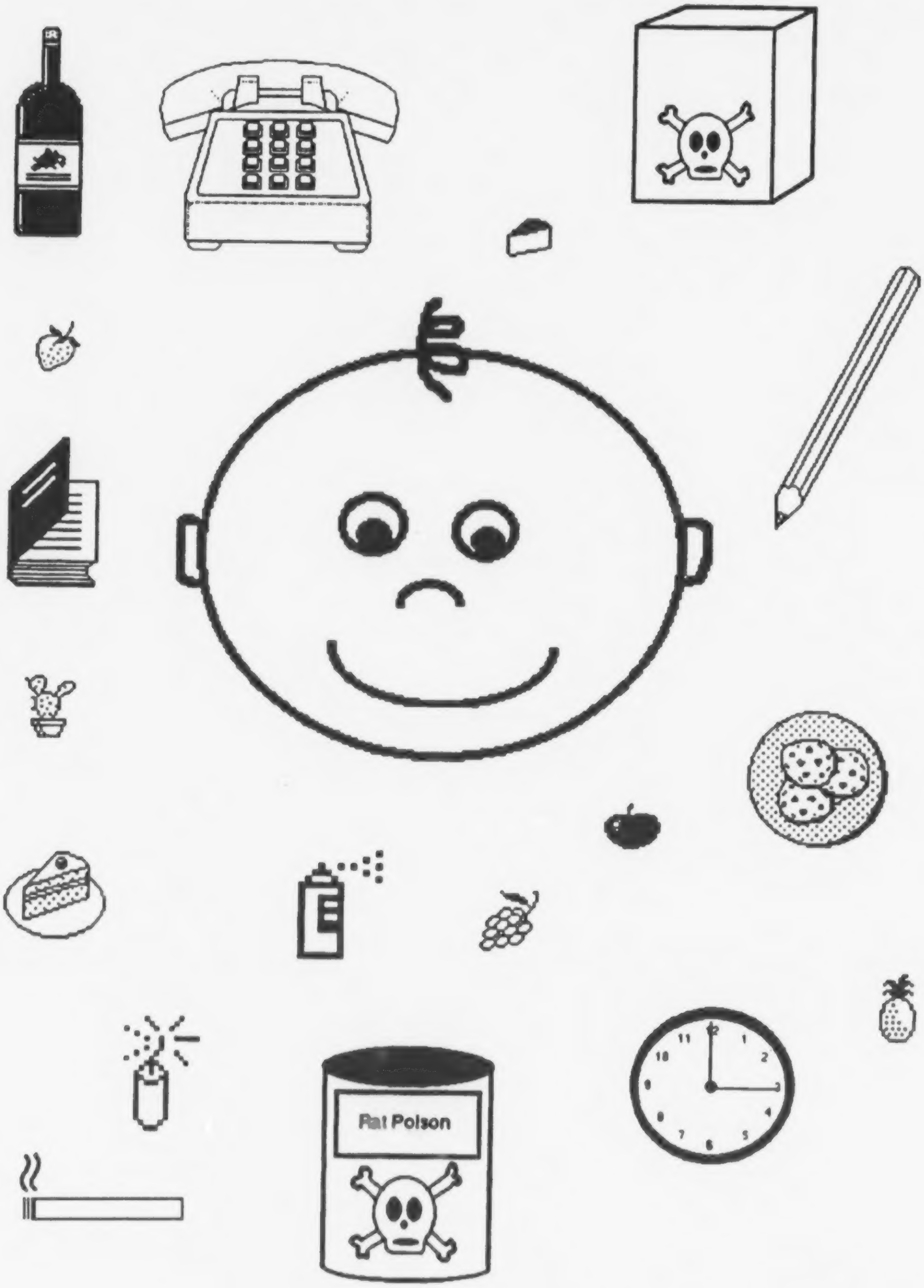
SOURCE:

LESSON #13a
Health/Art

Name ______________________________ Date ____________________

# Keeping Safe

Put an "X" on the things in this picture that would be unsafe and harmful for a young child to touch or swallow.


Rat Poison
12
1
2
3
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LESSON #14

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Social Studies

LESSON OBJECTIVES:

Content Area: List healthy alternatives to tobacco, alcohol, and other drug use. CCG: 1.1/7.2

AOD Prevention: Identify activities, habits, and attitudes that promote healthy lifestyles. AOD: 3

LESSON DIRECTIONS: Prerequisite: Simple classifying.

Discuss things we can do with friends, with family, or alone that are fun and healthy. Go around the room and let each student contribute.

Have each student complete the worksheet, "Healthy Things I Can Do." If students cannot write, they can draw pictures.

After they complete the worksheet, have students raise their hands to show whether they circled friends, family, or alone for questions 1 and 2. Show results on board.

Ask volunteers to share some things we can do with friends, family, or alone.

Relate to healthy lifestyles rather than relying on alcohol or drugs to have fun.

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "Healthy Things I Can Do."

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #14a
Health/Social Studies

Name ______________________________ Date ________________

## Healthy Things I Can Do

Think of healthy things you can do. Write them in the right space to show whether you do them with friends, with your family, or alone.

| Things I Can Do With Friends | Things I Can Do With My Family | Things I Can Do Alone |
|---|---|---|
| | | |
| How Many Things? ____________ | How Many Things? ____________ | How Many Things? ____________ |

1. Circle the group that had the most things listed.

   friends family alone

2. Circle the group that had the fewest things listed.

   friends family alone

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Drug information CCG: 1.1

AOD Prevention: Good health habits contribute to good health. When a member of the family is sick, it is important that he/she take ONLY the medicine and ONLY the amount which the doctor has prescribed for the patient. AOD: 4

When the children are sick, it is important that they take ONLY the medicine given by the parent to make the child feel better and get well.

LESSON DIRECTIONS: Use eating and watching television to explain this concept. What are good outcomes for TV watching and eating food? What are some negative consequences? Have students brainstorm examples.

Discuss eating too many sweets, such as cookies, and what happens to the child. Ask for volunteers to pretend to eat too many cookies. Then ask what could happen if someone ate too many cookies.

Stress that taking more medicine than a doctor or parent gives them can hurt them. Ask what might happen to them or to adults as a result of taking too much medicine. Remind them of the story of Paco who took too many children's aspirin.

Note to teacher: Chemicals include drugs, medicine, and alcohol.

Reinforce to children that:

a. Drugs can be harmful if people take more than the doctor prescribed.
b. Drugs can harm if children take more than their parents have given them.
c. Drugs can harm if people take someone else's medicine.
d. Drugs will not help unless only the amount prescribed is taken (not more or less).
e. Too much of good things like TV or sweets can be harmful, too.

Time: 20 minutes

Follow-up:

LESSON #15
Health

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Drug information CCG: 1.0

AOD Prevention: There are many different kinds of chemicals. AOD: 4

LESSON DIRECTIONS: Ask students if they ever heard the word "chemical." Elicit from the students other terms that are used when talking about chemicals, e.g., drugs, medicine.

Have volunteers list some of the chemicals they have heard of. Examples might be: alcohol, marijuana, cigarettes, aspirin, cold pills, sleeping tablets, cleaning products, toothpaste, facial cream. Mention that a drug is a chemical that changes the way one's mind or body works. Have students think of examples of this. An example might be what happens to a headache when a person takes an aspirin. It is also necessary to make the distinction between chemicals people put in their bodies and chemicals used for general purposes in our society.

It might be necessary to give children examples. Point out chemicals they are familiar with such as cleaning supplies or medicine.

If time permits, make a poster with the class showing the names of different chemicals and how they are used. Make three columns and write "Medicine," "Cleaning," and "Outside Work" at the top. List different medicines, cleaning supplies, and chemicals used on lawns, farms, or in factories.

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #17

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Explain the physiological and psychological effects of tobacco, alcohol, and other drugs. CCG: 1.1

AOD Prevention: Identify the physiological and psychological effects of tobacco, alcohol, and other drugs. AOD: 4

LESSON DIRECTIONS: Define and discuss the following words: alcohol, tobacco, illegal, marijuana, hazardous, caution.

Discuss such warnings as "CAUTION," KEEP OUT OF REACH OF CHILDREN," "SLIPPERY FLOOR," and "HOT SURFACE." Show examples of things that carry these warnings. Take students for a walk around the school to find places (such as staircases and the cafeteria kitchen) where these and other similar warnings are posted.

Display a picture of Mr. Yuk. Discuss how Mr. Yuk helps children stay away from poisons and drugs.

Show examples of products found in the home that should have the Mr. Yuk label.

Discuss the term illegal and why it is necessary. Point out that alcohol and tobacco are illegal for children because they are very harmful. List the harmful effects to children and adults. Point out that marijuana is illegal for everyone and list the harmful effects. Conclude that individuals are healthier when they choose to stay drug free.

Extension: Make a word find using the words: alcohol, tobacco, illegal, marijuana, hazardous, caution (graph paper is the easiest way). Have children do the word find.

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES: Word Find may not be appropriate for K.

MATERIALS NEEDED: Glossary of terms (ESR-11), places or things (such as appliances or other products) with safety warnings, Mr. Yuk stickers, empty containers of poisonous products such as bleach, detergent, soap, and gasoline, graph paper for word find. For more information: ***Becky's Book*** (about drugs and good health), National Safety Council, Jackson, MS 49204 (1985-86 edition).

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #18

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Mathematics

LESSON OBJECTIVES:

Content Area: Describe the therapeutic use of medicine. CCG: 1.1(h)/7.2

AOD Prevention: Identify conditions and situations in which drugs can be legally, responsibly, and therapeutically administered by licensed professionals who are morally, ethically, and legally responsible. AOD: 4

LESSON DIRECTIONS: Prerequisite: Review ordering numbers.

Discuss safe people to take medicine from, such as:

- A parent
- A school nurse
- A doctor
- A grandparent
- A pharmacist

Talk about unsafe places where we might find medicine, such as:

- On the ground
- In a medicine cabinet, without an adult to be sure we are taking the drug safely
- From a stranger
- From a friend who is not an adult
- In someone's desk
- In someone's purse

Discuss why it is not safe to take medicines from these places:

- We may not know what the medicines are.
- We won't know who the medicine belongs to.

Why is it important to get help when we need to take medicine?

- We need to be sure to take the right amount of medicine and we may need help to measure it.
- We need to be sure to take the medicine at the right times.

Explain worksheet and do a few words together. Have students complete the worksheet "Where Do We Get Medicine?"

Time: 30 minutes

LESSON #18
Health/Mathematics

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "Where Do We Get Medicine?"

TEACHER PREP: "Where Do We Get Medicine?" Answer Key

We can get medicines from a doctor or at a drugstore.
Never take medicines from a friend or a stranger.

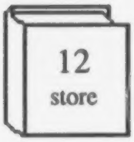
TEACHER BACKGROUND:

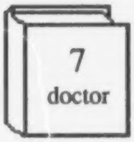
SOURCE:

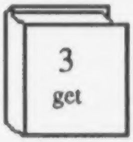
Name ______________________ Date ______________

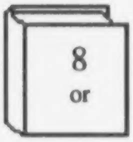
## Where Do We Get Medicine?

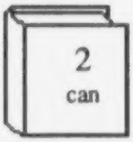
Place these numbers in order and find the hidden message

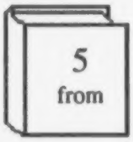


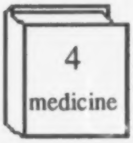


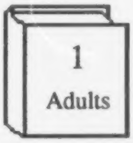


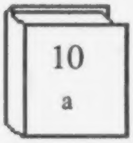


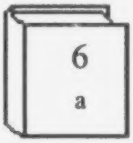


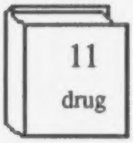


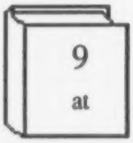


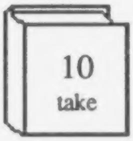


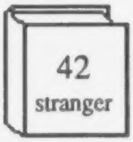








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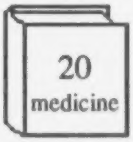
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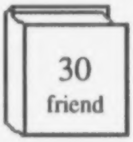
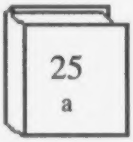
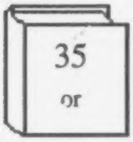
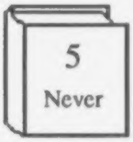
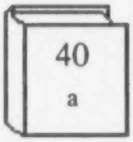
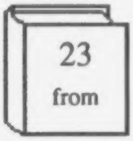
medicine












## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Demonstrate assertiveness and refusal skills. Identify, develop, and practice effective decision-making skills. CCG: 1.1

AOD Prevention: (Social Skills) Describe effective ways to reject offers of tobacco, alcohol, or other drugs. AOD: 6

LESSON DIRECTIONS: Define "peer pressure" (pressure to do something you know is wrong or harmful). Discuss what can happen when we do things just because a friend says we should.

Ask students what it feels like to be dared to do something.

Have students share personal experiences in which they felt peer pressure and tell how they dealt with it.

Post hypothetical situations and ask students to suggest ways of dealing with peer pressure in each situation. These situations might include:

- A friend wants you to write on the bathroom wall with him or her.
- A boy on the block wants you to smoke a cigarette with him.
- A classmate wants you to do her assignment for her.

Remind the students that saying "no" can help them avoid many unsafe or unhealthy situations besides those involving drugs.

Practice saying no in different ways. Extend by having the children use markers and draw a picture of themselves saying no. Write NO on the picture.

Time: 20 minutes

Follow-up: Role playing.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Markers, paper

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #20

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Science

LESSON OBJECTIVES:

Content Area: Identify and acknowledge federal, state, local, and school laws and policies regarding all aspects of tobacco, alcohol, or other drug use. CCG: 1.0/6.0

AOD Prevention: Identify reasons supporting the existence of these laws and policies. AOD: 2

LESSON DIRECTIONS: Display and discuss empty containers of items that are safe for children and other containers of items that are harmful. Examples are:

- Milk jug
- Bread wrapper
- Cigarette pack
- Cough medicine bottle
- Snuff can
- Potato chip bag
- Toothpaste tube
- Chewing tobacco pouch
- Empty beer can

Discuss other items that are safe and healthy for children.

Allow students to come up to the desk and pick an item that is harmful. Let them throw these things in the trash, leaving only the safe and healthy things on the desk.

Ask students to list some school rules and other laws that protect children. Discuss reasons for special safety rules for children. Remind them that some products are safe under certain conditions, and some are never safe, even for adults.

Time: 25 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Empty containers of safe and unsafe items.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #21

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Social Studies

LESSON OBJECTIVES:

Content Area: Describe potential risks of choosing friends who use tobacco, alcohol, or other drugs. CCG: 2.1/6.4

AOD Prevention: Describe how association with or proximity to individuals taking these risks jeopardizes other individuals. AOD: 6

LESSON DIRECTIONS: Ask students, "What can happen to you if you have a friend who doesn't follow the rules?" Then conduct a class discussion about the following situations.

- You and your friend are at the store. Your friend takes a candy bar off the shelf and eats it without paying for it. What might happen to your friend and to you?
- The whistle blows and recess is over. Your friend continues to play and does not line up. What can happen to you if you decide to stay and play with your friend?
- Your friend found a cigarette. He wants the two of you to smoke it together. What can happen to you if you decide to smoke with your friend?

An integral part of the discussion and the conclusions to any discussion of this nature should emphasize the following:

- Laws and rules are made for the good of society and individuals.
- Laws and rules are to be respected by each individual.
- Each individual has the responsibility to obey the rules of home, school, community, state, and nation.
- Individuals who do obey laws and rules are happy, productive citizens.

Time: 20 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

LESSON #21
Health/Social Studies

TEACHER PREP: If appropriate to your class, expand the discussion to include the possible consequences of associating with people who use other kinds of drugs.

TEACHER BACKGROUND:

SOURCE:

LESSON #22

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1

SUBJECT AREA: Health/Social Studies/Art

LESSON OBJECTIVES:

Content Area: Demonstrate assertiveness and refusal skills. CCG: 2.1/6.4/1.3

AOD Prevention: Describe effective ways to reject offers of tobacco, alcohol, or other drugs. AOD: 6

LESSON DIRECTIONS: Have children role play saying "no" to both friends and strangers when they are asked to use drugs.

Make a "Just Say No!" classroom banner and have all class members sign it.

Discuss ways children can resist peer pressure to try something harmful or illegal, such as:

- Walk away from the person pressuring you.
- Stop playing with the person pressuring you.
- Tell an adult what happened.
- Tell the person that you want to play something else.

Let children put on a puppet show depicting children being pressured to use drugs, alcohol, and tobacco.

Have children suggest ways to discourage peers from doing harmful or illegal things. Examples are:

- Don't play with children who sometimes do harmful or illegal things.
- Suggest activities that are safe and legal.
- Remind peers of the rules and what happens if we don't follow the rules.

Art Extension: Draw a poster of you and friends saying NO!

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

LESSON #22
Health/Social Studies/Art

MATERIALS NEEDED: Banner from bulletin board, paper, book: ***How to Say No and Keep Your Friends: Peer Pressure*** by Sharon Scott, Human Resource Development Press, 22 Amherst Road, Amherst, MA 01002, "***Just Say NO!***" pamphlet, $28 for 100, Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #23

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Music

LESSON OBJECTIVES:

Content Area: Identify ways to encourage friends not to use tobacco, alcohol, and other drugs. CCG: 2.0/3.1

AOD Prevention: Identify social pressures and enticements to use tobacco, alcohol, or other drugs. AOD: 6

LESSON DIRECTIONS: Have students role play ways to encourage friends not to use drugs. To help students get started, read the following examples of role play situations aloud or make up situations applicable to your area:

- You and a friend find a cigarette. Your friend wants the two of you to smoke it. You do not think it is a very good idea. What could you say to persuade your friend not to smoke the cigarette?
- A friend invites you over when his parents are not home. He suggests that you both drink some of his dad's beer that is in the refrigerator. You do not want to because you know drinking alcohol is bad for you. How could you persuade your friend that you both should not drink the beer?

Lead the students into creating their own role play situations from their experiences or imagination.

Learn "It's OK to Say No" song.

Time: 25 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

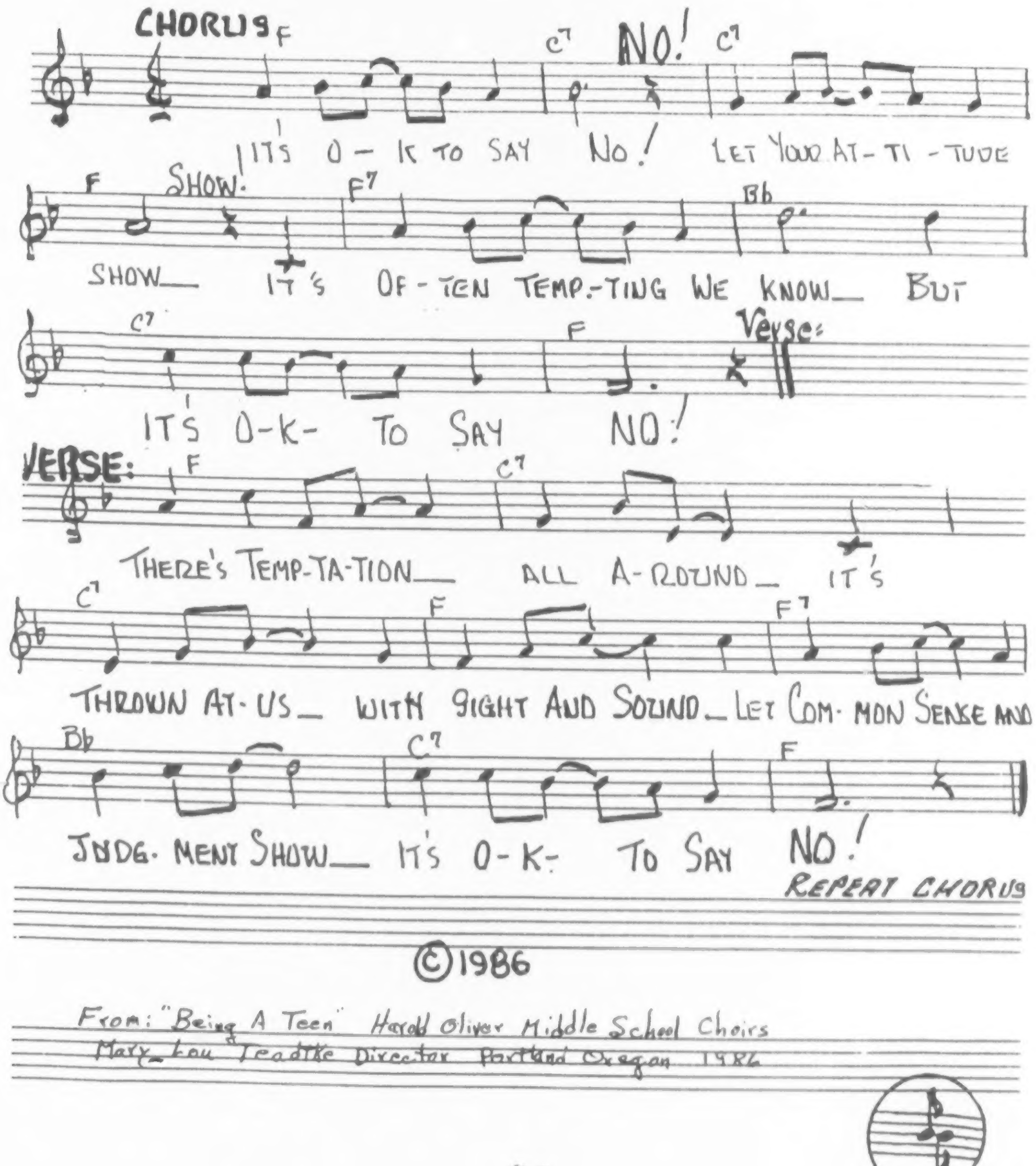
LESSON #23a
Health/Music

## IT'S OK TO SAY NO!

Used by permission
of Mary Lou Teadtke

# IT'S O.K. TO SAY NO!

WORDS & MUSIC BY
LYNN TEADTKE


CHORUS
F
C7
NO!
C7
IT'S O - K TO SAY NO! LET YOUR AT - TI - TUDE
F
SHOW!
F7
Bb
SHOW IT'S OF - TEN TEMP. - TING WE KNOW BUT
C7
F
Verse:
IT'S O - K - TO SAY NO!
VERSE:
F
C7
THERE'S TEMP - TA - TION ALL A - ROUND IT'S
C7
F
F7
THROWN AT - US WITH SIGHT AND SOUND LET COM - MON SENSE AND
Bb
C7
F
JUDG - MENT SHOW IT'S O - K - TO SAY NO!
REPEAT CHORUS

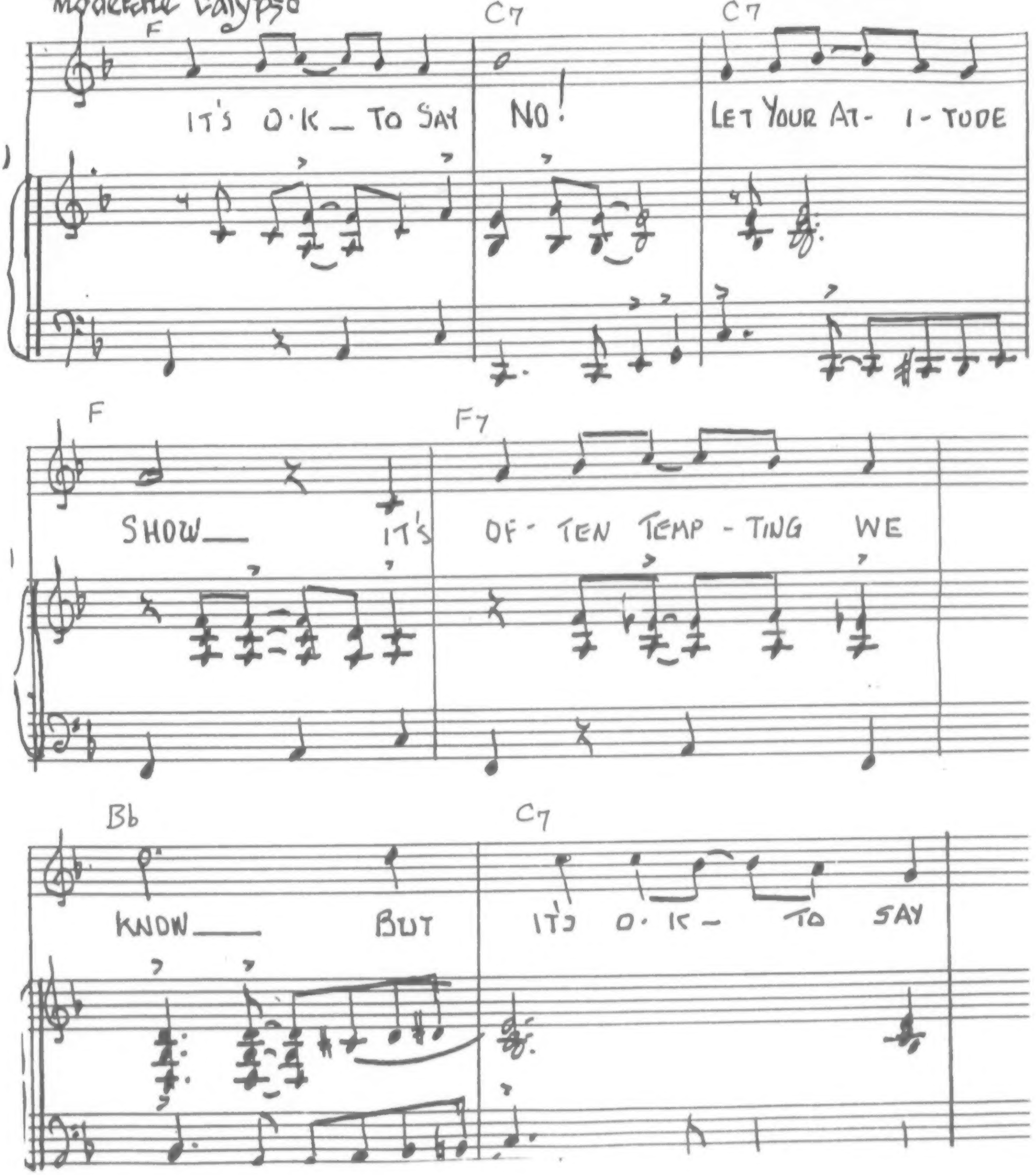
©1986

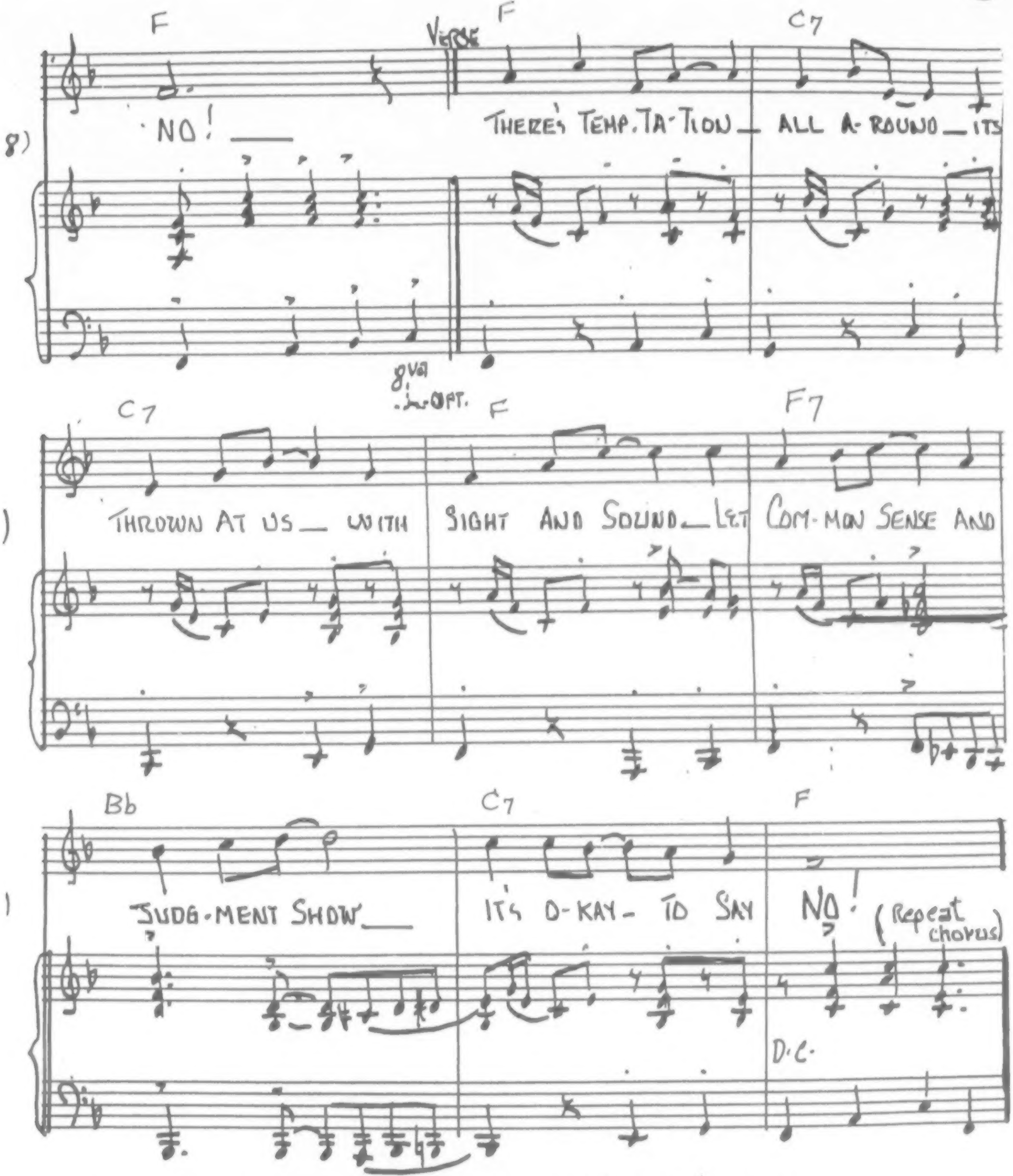
From: "Being A Teen" Harold Oliver Middle School Choirs
Mary Lou Teadtke Director Portland Oregon 1986

# It's O.K. to say "No"

words and music
Lynn Teadtke
© 1986

moderate calypso


F
C7
C7
IT'S O·K — TO SAY
NO!
LET YOUR AT- I- TUDE
F
F7
SHOW — IT'S
OF- TEN TEMP - TING WE
Bb
C7
KNOW — BUT
IT'S O· K — TO SAY


F
NO! ___
8)
Verse
F
THERE'S TEMP-TA-TION ___
C7
ALL A-ROUND ___ ITS
8va opt.
C7
THROWN AT US ___ WITH
F
SIGHT AND SOUND ___ LET
F7
COM-MON SENSE AND
Bb
JUDG-MENT SHOW ___
C7
IT'S O-KAY - TO SAY
F
NO! (Repeat chorus)
D.C.

From: "Being A Teen" Harold Oliver Middle School Choirs
Mary Lou Teadtke Director Portland Oregon 1986

LESSON #24

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Identify, develop, and practice effective decision-making skills regarding wellness. CCG: 1.1

AOD Prevention: Describe how the spread of colds, flu, and other sicknesses can be avoided. AOD: 7

LESSON DIRECTIONS: Talk about ways to prevent common diseases from being spread. To test students' understanding, give each student two "lollipops" made by using the pattern on the teacher resource "Lollipops."

Read aloud statements reflecting ways to **spread** disease and ways to **prevent** the spread of disease. Have each student raise the "smiling lollipop" after each statement that explains a way to keep from spreading disease. Have students raise the "frowning lollipop" when a statement is read that explains a way that diseases might be transmitted easily. Examples of the statements are:

- Cover your nose and mouth when sneezing or coughing. (yes)
- Share food and drink containers or utensils. (no)
- Throw used tissues in the trash can. (yes)
- Spit on someone. (no)
- Eat the rest of someone's cookie. (no)
- Sneeze in someone's face. (no)
- Use spoons others have used. (no)
- Touch a needle another person has used to take medicine. (no)
- Wash your hands before eating. (yes)

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Teacher resource: "Lollipops." (next page)

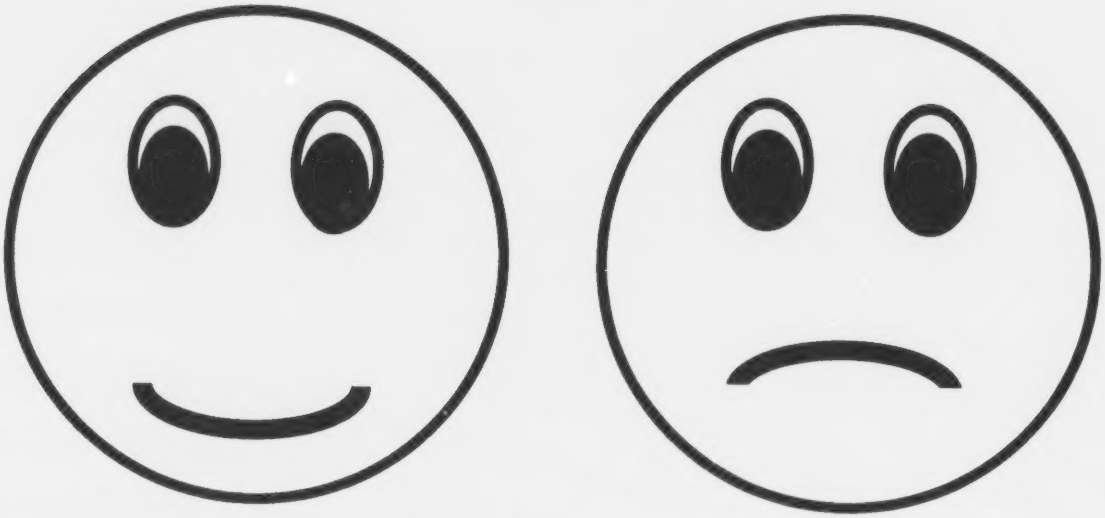
TEACHER PREP: Reassure students who receive legal injected medications such as insulin for diabetes and allergy antigen for their allergies that their medications are beneficial and necessary. Emphasize that a sterile syringe and needle are used each time and that there is no risk of contracting a disease. But children should never play with syringes and needles. They should be properly disposed of in the garbage.

TEACHER BACKGROUND:

SOURCE:

## Teacher Resource

## Lollipops



**To make lollipops, copy and paste these on colored paper. Cut out one set (happy and sad) for each child and glue or staple on ice cream sticks or tongue depressors.**

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Mathematics

LESSON OBJECTIVES:

Content Area: Identify people to talk to. CCG: 1.0/4.16

AOD Prevention: Identify accessible individuals who can counsel students when they need help. AOD: 8

LESSON DIRECTIONS: Ask students to name some people (particularly adults) they could talk to if they had a problem. Examples are teachers, school counselor, school nurse, family members, police officers, doctors, adult friends.

Ask the students who they would talk to if:

- They had a bad cold.
- They did not understand a math problem.
- They did not want to walk across the street alone.
- One of their friends wanted them to smoke a cigarette and they did not know what to do.

After the discussion, hand out the "Shapes for Help" worksheet. Instruct the students to color the shapes as follows:

| | |
|---|---|
| Triangle | Blue |
| Square | Yellow |
| Circle | Red |
| Oval | Green |
| Rectangle | Orange |

Let them cut out the shapes and put them all on the bulletin board titled "Shapes for Help," or make a mobile or make individual books with the shapes.

As a writing activity, you could write (or dictate), "I can ask for help when . . . "

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "Shapes for Help," crayons, scissors.

TEACHER PREP:

TEACHER BACKGROUND:

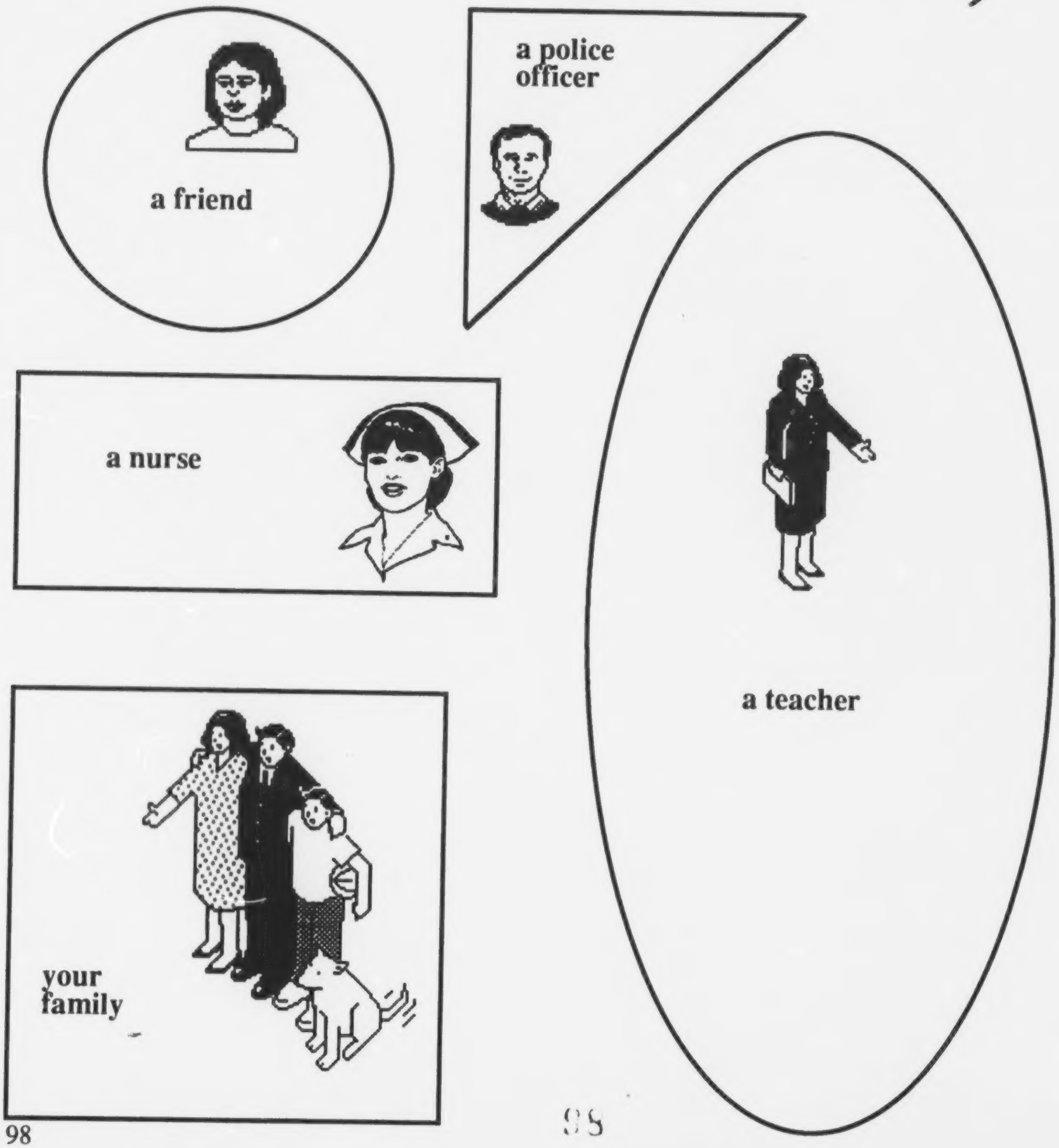
SOURCE: Enr. books: (1) ***Alexander and the Terrible, Horrible, No Good, Very Bad Day***, J. Viorst, and (2) ***Today Was A Terrible Day***, Giff.

LESSON #25a
Health/Mathematics

Name ______________________________ Date ____________________

## Shapes For Help

Name each shape. Then color and cut out each shape. Identify the different people we can talk to in each shape.


a friend
a police officer
a nurse
a teacher
your family

LESSON #26

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

**GRADE LEVEL:** K-1 **SUBJECT AREA:** Health/Music/PE

**LESSON OBJECTIVES:**

Content Area: Identify people to talk to. CCG: 2.0/3.1/1.0

AOD Prevention: (Problem Solving) Identify accessible individuals who can counsel people when they need help. AOD: 7

**LESSON DIRECTIONS:** Discuss why it is important for every person to help other people.

Display pictures of people helping each other mixed with other pictures of people not helping. Ask students to identify the pictures of people helping.

Discuss people in the community who are there to help us and what they can help us with. For example, talk about police officers, fire department employees, nurses, doctors, paramedics, and counselors.

Make faces of doctors, nurses, police officers, dentists, mothers, and teachers on paper cups. If possible, have students label these helpers; for example, "Dr. Jones is Billy's doctor" or "Officer Brown is Sarah's friend." Then display them on a bulletin board entitled "Who Will Help?"

Have students get in a circle and sing about helpers to the tune of "Farmer in the Dell." For example:

A nurse is a helper
A nurse is a helper
Oh, oh, I know, I know
A nurse is a helper

Repeat the song with other helpers.

Walk the students through the school to meet the principal, nurse, secretary, and counselor. Have children sing the appropriate song to them.

Time: 30 minutes

Follow-up:

**MODIFY FOR HIGHER-LOWER GRADES:**

**MATERIALS NEEDED:** Paper cups, crayons, markers.

**TEACHER PREP:**

**TEACHER BACKGROUND:**

**SOURCE:**

LESSON #27

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1

SUBJECT AREA: Health/Social Studies

LESSON OBJECTIVES:

Content Area: Formulate effective strategies for yourself and others when you experience problems. CCG: 2.0/ 5.0

AOD Prevention: Identify activities in which families participate together. Identify examples of problems that an individual's friends or acquaintances might experience. AOD: 7

LESSON DIRECTIONS: Discuss ways in which people help each other at home, at school, and in the community.

- Who prepares the food at school?
- Who helps a person whose house is on fire? What can you do?
- Who helps keep animals healthy?
- Who keeps your hair trimmed.
- What people help you learn?
- Tell how you helped someone in your home?
- Tell us about how you helped someone in your school?

After class discussion, send a letter home with the worksheet "I Can Help," to be completed by the parents:

Sample Letter

Dear __________,

Your child has been learning about the importance of being a helper at home. Will you please think of special jobs for him or her to do at home? List the jobs on the "I Can Help" form. Then have your child draw a smiling face in the box to the right each time a job is done. Remember to let this be his or her own responsibility. Please sign your name on the form and give it to your child to return to class by ________.

Time: 25 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "I Can Help," letter for parent or guardian.

TEACHER PREP:

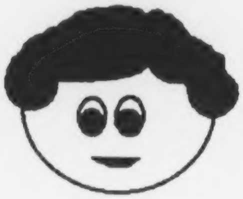
TEACHER BACKGROUND:

SOURCE:

LESSON #27a
Health/Social Studies

Name ______________________________ Date ________________

# I Can Help



________________ has completed the following tasks.
Student's name

| | | Smiley Face |
|---|---|---|
| 1. | ________________________________ | ____________ |
| 2. | ________________________________ | ____________ |
| 3. | ________________________________ | ____________ |
| 4. | ________________________________ | ____________ |
| 5. | ________________________________ | ____________ |
| 6. | ________________________________ | ____________ |
| 7. | ________________________________ | ____________ |

______________________ Date

______________________ Parent/Guardian's Signature

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health/Music/Art

LESSON OBJECTIVES:

Content Area: Learning to make choices about what they put into their mouth. CCG: 1.0

AOD Prevention: Know good and bad things to put into their mouth. AOD: 7

LESSON DIRECTIONS: Read My Lips!

Large poster board with sacks attached behind open lips for objects to fall into.

Have students each choose an object. Students take turns telling group which place they would put it. Discuss their reasons as a class and actually place it through the appropriate lips.

Talk about the old lady in the song, "There was an old lady who swallowed a fly . . ." and what happened to her because of the bad things she swallowed. Then sing the song.

Language Arts: Discuss rhyming words, choral read, song words, etc.

Time: 30 minutes

Follow-up: Children will make their own old lady with an open mouth that will show things she swallowed one by one. Children make circle or tape graph of things to show as the song is sung.

Large old lady made with open mouth. Teacher holds up objects the students decided were bad in lesson earlier. Make up verses to fit the good/bad objects and sing the song with these objects (cigarettes, berries, cleaner, etc.).

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Various items or pictures such as pencil, key, apple, cracker, cigarette, berries, outside plants, can of beer, window cleaner, etc. (some good, some bad). "There Was An Old Lady Who Swallowed A Fly" record, tape or book.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #29

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Distinguish what individuals can control and what they cannot control. Identify, develop, and practice effective decision-making skills. CCG: 1.1

AOD Prevention: Identify the aspects of life that are beyond an individual's control. AOD: 7

LESSON DIRECTIONS: Define an "emergency" (a sudden, unexpected occurrence that requires immediate action).

Have students name some emergencies that can occur in the home. List these on the board. Examples are:

- Mother cuts her finger with a knife.
- Small child swallows some bleach.
- Dad smashes his hand in the car door and breaks his finger.
- A friend falls off the slide.
- Baby pulls a pan off the stove onto herself.

Have a "Share Time" to allow students to talk about a past experience involving an emergency in the home.

Discuss the steps to be followed when an accidental poisoning occurs.

Have students complete the worksheet entitled "Emergency—What Can I Do?"

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "Emergency—What Can I Do?"

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #29a
Health

Name ____________________ Date ____________

# Emergency—What Can I Do?

| Step 1—Keep Calm | Step 2—Call For Help | Step 3—Collect Evidence |
|---|---|---|
| | | |

## WHO TO CALL

Parent's Work Phone Number ____________________

Police Phone Number ____________________

Doctor's Phone Number ____________________

## HOW TO CALL FOR HELP

Dial 911 or "0" To Ask For Help.

Give your name.

Give your address.

Give your telephone number.

Tell exactly what the emergency is.

**Remember** to stay on the phone to answer any questions and to follow any directions you are given.

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1

SUBJECT AREA: Language Arts/ Health/Art

LESSON OBJECTIVES:

Content Area: Responsibility, laws. CCG: 1.0/2.0/1.0/1.3

AOD Prevention: Self responsibility, decision making. AOD: 2

LESSON DIRECTIONS: Find out how many children wear seat belts. You can tally responses. Why do we always wear seat belts (elicit responses from children)?

Talk about the fact that seat belts are a child's only protection against drunk drivers or car accidents. They need to be responsible for putting it on.

Demonstration:

> Using a long wooden unit block, make an inclined plane. Place an elastic band on an egg (hard boiled or raw) in a small car or truck. In another vehicle, don't band the egg. Let children send both vehicles down the ramp and observe first hand what happens when the egg is not in a "seat belt."

Time: 35 minutes

Follow-up: Draw posters with seat belt safety as the theme.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Block, two teddy bears, counters, markers, pen, two cars, tape, eggs.

TEACHER PREP: Knowledge of seat belt laws.

TEACHER BACKGROUND:

SOURCE:

LESSON #31

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Comprehend implied meanings of written, oral, and visual communications. CCG: 1.5

AOD Prevention: Communication; using words. AOD: 8

LESSON DIRECTIONS: Describe those words that communicate something is positive or something is negative.

Discuss what words are for:

- Tell a story.
- Tell how we feel.
- Give/get instructions.

Name some words about something positive:

Healthy, good, right, helpful, truthful, real, safe, legal.

Name some words about something negative:

Unhealthy, bad, wrong, illegal, hurtful, unsafe, poison.

Time: 20 minutes

Follow-up: Make up sentences using these words.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #32

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Nonverbal communication. CCG: 1.7a

AOD Prevention: Communication. AOD: 8

LESSON DIRECTIONS:
Nose: wrinkle
Mouth: talk, kiss, lick lips, smile
Eye: wink, roll eyes, widen eyes
Hand: pat on back, OK sign, thumbs-up sign
Arms: hug

Class contributes. Discuss: what would be communicated by each of these gestures.

Extension: combine parts of the body to express something (e.g., hand over mouth or s-ss-h-h sign).

Time: 20 minutes

Follow-up: Have children demonstrate various emotions and messages (e.g., stop, come here, afraid, lonely, happy).

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER NOTE: Especially good for ESL students.

TEACHER BACKGROUND:

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | K-1 | SUBJECT AREA: Language Arts |
| LESSON OBJECTIVES: | | |
| Content Area: | Recognize words commonly used in grade-level materials, including subject areas. | CCG: 1.1 |
| AOD Prevention: | Communication; words take many forms. | AOD: 8 |

LESSON DIRECTIONS: Assemble a simple vocabulary of wellness/alcohol-drug words. Read them out loud.

> medicine, rest, vitamin, alcohol, exercise, sunshine, fruit, candy, toothbrush, bath.

*Students select one word they want to represent with a drawing. As they begin drawing, the teacher writes on the paper of each student the word he/she has selected.

Emphasize that the word was expressed three ways: by speaking, writing, and drawing.

Time: 20 minutes

Follow-up: Using class participation, write and post a list of wellness "rules" using these vocabulary words.

MODIFY FOR HIGHER-LOWER GRADES: *First graders may write their own word.

MATERIALS NEEDED: Paper/drawing and coloring materials.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1

SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Demonstrate appropriate audience skills for different media presentations. CCG: 1.9b

AOD Prevention: Media-advertising influences. AOD: 9

LESSON DIRECTIONS: Ask: "What is an advertisement?" "What do advertisements do?" "Where do we see advertisements? Why?"

What goes into an advertisement?

Make a sample print ad for a healthful product. Ask the students to decide:

- What kind of picture to use.
- What to say about it.
- Relative position/size of components.

Time: 20 minutes

Follow-up: Children make a sample print ad for an unhealthy product.

- What's different?
- How do you decide what to say/show about the unhealthy product?

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Large sheet paper, markers, crayons, magazine advertisement.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #35

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1    SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Comprehend implied meanings of written, oral, and visual communications. CCG: 1.5

AOD Prevention: How many ways to use words. Communications skills. AOD: 8

LESSON DIRECTIONS: Students draw cards from the box. Sample sentences (tell the meaning of sentence):

- Go to the corner and turn left (directions).
- You have a nice sweater (compliment).
- I am sad today (tell a feeling).
- Don't run in the hall (rule).
- I found your toy over in the corner (help).
- It's 4 o'clock (information).
- We had a picnic on Saturday (tell a story).

Emphasize: words can be used for lots of things.

Time: 25 minutes

Follow-up: Work with the class to develop sentences of 1, 2, 3, 4, 5, 6 words. Divide class in half. Someone from one group suggests a two-word sentence and someone from the other group tells what the words are being used for.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Make up sentences and write on cards. Put cards in a box.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Math/Health

LESSON OBJECTIVES:

Content Area: Prerequisite: Measuring to inches. Realize personal uniqueness. Distinguish what individuals can control and what they cannot control. CCG: 5.2/3.3

AOD Prevention: Explain the factors that make an individual unique. AOD: 1

LESSON DIRECTIONS: Discuss how each of us is different in size, shape, and color. Ask students what it would be like if we were all the same. How could we tell each other apart?

Match students with partners and give each student the worksheet "Measure Me." Show them how to use a piece of string to determine the measurements around different parts of their bodies. Use a ruler to measure the length of the strings in inches.

Have students compare their measurements and talk about how different they all are. Be sensitive to overweight student issues. Feel free to modify measurement activity.

Discuss why we are the sizes that we are. Then ask students:

- Can we change how tall we are?
- If I pulled on your leg, would it grow?
- If I pushed on your finger, would it get smaller?

Extension: Make full-size models of students by having a partner or teacher trace around student's body on butcher paper. Have student cut out and color. Discuss differences, uniqueness. Put outside or inside classroom to display.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES: Could use nonstandard measurement for kindergarten, such as paper clips.

MATERIALS NEEDED: Worksheet: "Measure Me," string, 12" ruler for each pair of students, paper clips.

LESSON #36
Math/Health

TEACHER PREP: You might close this activity by reminding students that we do have choices that can help us stay healthy, such as eating right, exercising, resting and taking medicines only as prescribed by a doctor.

TEACHER BACKGROUND: Review measuring.

SOURCE:

Name________________________ Date ________________

# Measure Me

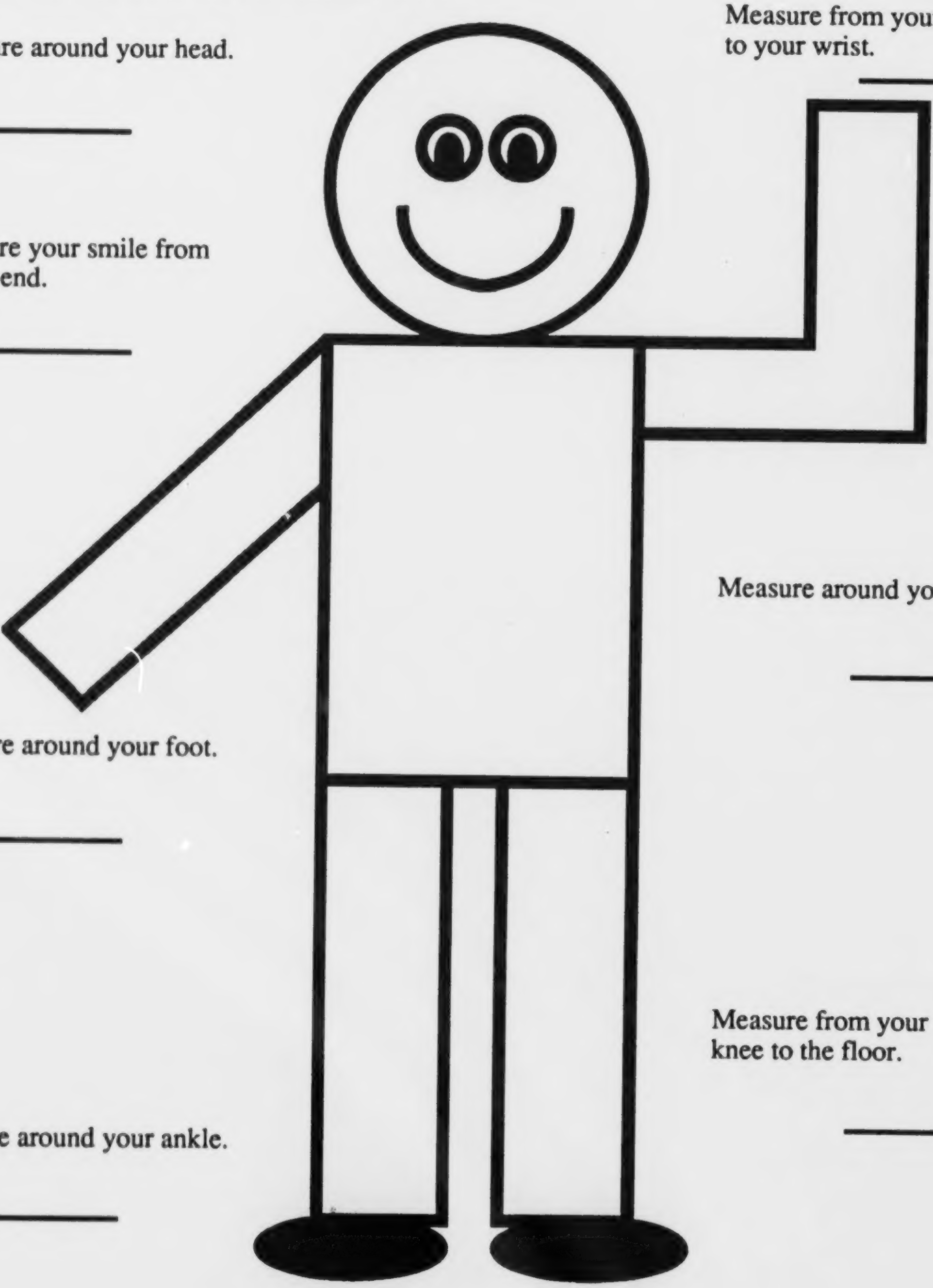
Use this figure to record the measurements you and your partner take on yourself. You can help your partner take his or her measurements, too.

Measure around your head.

__________

Measure from your elbow to your wrist.

__________



Measure your smile from end to end.

__________

Measure around your wrist.

__________

Measure around your foot.

__________

Measure from your knee to the floor.

__________

Measure around your ankle.

__________

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Mathematics

LESSON OBJECTIVES:

Content Area: Describe the therapeutic use of medicine. CCG: 5.1

AOD Prevention: Describe how drugs are used medicinally and in a therapeutic manner to cure or improve mental or physical health impairments. AOD: 4

LESSON DIRECTIONS: Prerequisite: Telling time to the hour, addition.

Review time measurement in hours, including how to read clocks, both digital and conventional.

Talk about why we need to know what time it is:

- To get to school on time.
- To go to bed on time.
- To watch a favorite movie or TV show.
- To take some medicine if we are sick.

Continue the discussion with questions about taking medicine:

- Why do we have to know what time to be given our medicine?
- Should first graders take medicine by themselves (stress NO)?
- Who helps us with our medicine?

Explain that sometimes a doctor will tell your parents to give you medicine at a certain time. The doctor may say:

- Give two pills every four hours.
- Give one-half spoonful every six hours.
- Give one capsule every 12 hours.

Stress that it is very important to follow the directions and never take medicine by yourself!

Complete the worksheet "Time to Get Well."

Each child make a paper plate clock to help demonstrate time element. Use the clock as you do the worksheet together (or use individual clock models pre-made).

LESSON #37
Mathematics

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "Time to Get Well," paper plates, black construction paper (for hour and minute hands).

TEACHER PREP:

TEACHER BACKGROUND: Children need to know how to tell time to the hour.

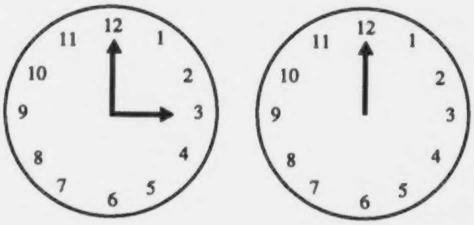
SOURCE:

Name ______________________________ Date ____________________

## Time To Get Well

Read medicine labels. Fill in each clock to show what time it will be when it is time to take the medicine again.

Every 6 hours.

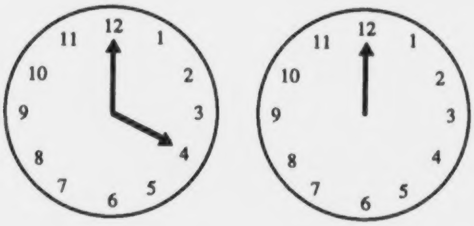


Every 2 hours.

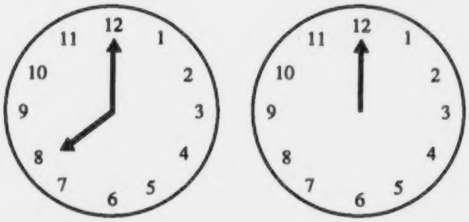
10 : 00

___ : 00

Every 5 hours.



Every 3 hours.

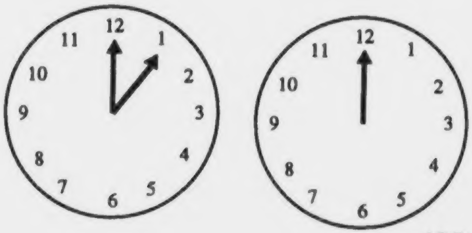


Every 8 hours.

1 : 00

___ : 00

Every 7 hours.



LESSON #38

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: The student will be able to interpret a graph that the students helped develop. CCG: 6.1

AOD Prevention: The student will be able to identify vitamins as drugs. AOD: 4

LESSON DIRECTIONS: The teacher will have the students gather in a group close enough so that they can easily see the vitamin containers. The teacher will facilitate a discussion about what comes in the vitamin container to establish: (1) that vitamins should only be given by an adult who knows about the child's health; (2) vitamins are a drug; (3) vitamins are harmful if not taken properly which means: it is given by an adult who knows the child's health and according to label directions; and (4) discuss why children take vitamins.

Talk about the different colors that vitamins come in. Have each child choose what color of vitamin they would rather have. Give each child a square piece of paper the same color as the chosen vitamin.

On a large white sheet of butcher paper develop a graph, explain the parts of a graph and what each means.

The students reread the graph stating what they've learned: the most often chosen color, the least often, etc. Once again discuss that vitamins are a drug and should only be taken under supervision.

Time: 20-30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Four or 5 containers from different children's vitamins, 3" squares of construction paper in colors consistent with vitamin colors (such as red, orange, yellow, purple; colors may vary), a large piece of butcher paper, a marker, crayons, and glue.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | K-1 | SUBJECT AREA: Math/Science |
| LESSON OBJECTIVES: | | |
| Content Area: | Measurement; scientific process; observation; hypotheses. | CCG: 5.0/1.0 |
| AOD Prevention: | Healthy and harmful substances. | AOD: 4 |
| LESSON DIRECTIONS: | Plant seeds in cups (label cups). Expose all containers to same degree of light.<br>Add to each container equal amounts of various substances; e.g., water, household cleaner, rubbing alcohol, diet soda.<br>Make a chart to record daily growth of seeds/addition of substances. | |
| Time: | 25 minutes | |
| Follow-up: | Chart weekly. Discuss outcome. | |
| MODIFY FOR HIGHER-LOWER GRADES: | | |
| MATERIALS NEEDED: | Paper, pencils, ruler, seeds, soil, cups. | |
| TEACHER PREP: | Cut off milk cartons and fill with dirt. Plant easy-to-grow seeds. | |
| TEACHER BACKGROUND: | | |
| SOURCE: | | |

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies/Art

LESSON OBJECTIVES:

Content Area: Describe personal strengths and weaknesses. Realize personal uniqueness. Identify personal beliefs, values, and feelings. CCG: 5.0/1.3

AOD Prevention: Identify personal strengths, abilities, assets. Explain factors that make an individual unique. AOD: 1

LESSON DIRECTIONS: Pass out the "Me-Shirt" worksheet. Ask the children to decorate the shirt with words or pictures that tell things they can do well or like to do. Help children by writing words for them on the board.

Have students cut out the drawings and write their name or nickname on the back of the shirt.

Display the shirts on a bulletin board or hang a string from one side of the room to the other and use clothespins to hang the shirts.

Art Extension: If possible, have children bring a solid color t-shirt from home and decorate by using fabric crayons.

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet "Me-Shirt," crayons, scissors, string, clothespins, t-shirts, fabric crayons.

TEACHER PREP:

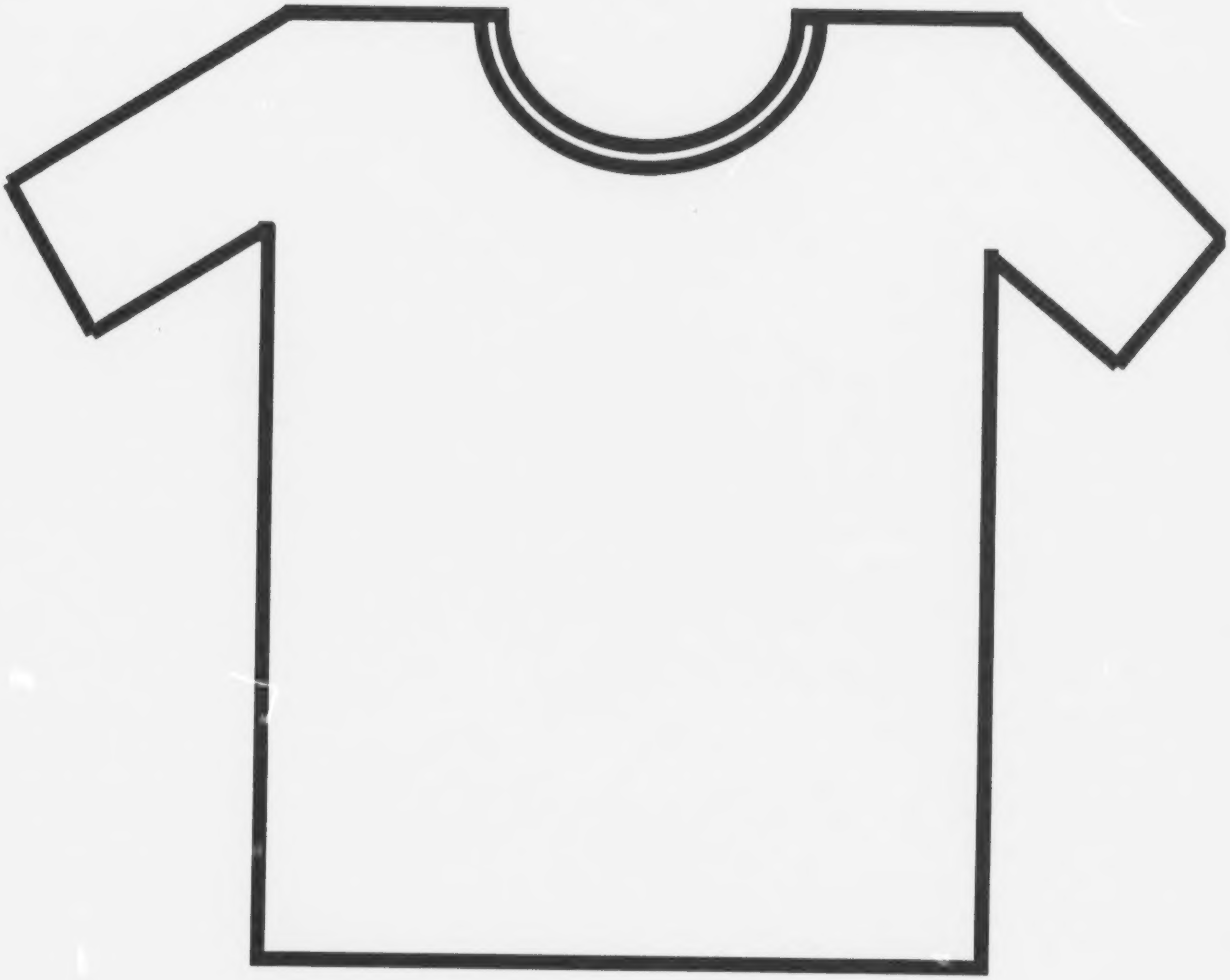
TEACHER BACKGROUND:

SOURCE:

LESSON #40a
Social Studies/Art

Name ______________________________ Date ____________________

# Me—Shirt



# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | K-1 | SUBJECT AREA: Social Studies |
| LESSON OBJECTIVES: | | |
| Content Area: | The student will be able to orally recite playground rules. | CCG: 10.0 |
| AOD Prevention: | (Responsibility) The student will be able to role play appropriate playground actions. | AOD: 2 |

LESSON DIRECTIONS: First, discuss:

- Why rules are important.
- Do we need rules? Why?
- How can we make some rules that we can follow?

In a group setting, the teacher encourages conversation about school playground rules. During the discussion, the teacher helps the children come up with a group of acceptable playground rules, identify what rules are most often broken, and why.

Have you ever gotten in trouble for going along with someone who broke a rule? How did you feel when you were caught?

What can you say/do if someone wants you to go along with breaking a rule and you don't want to get into trouble.

Write up and post rules for the playground.

Time: Two 30-minute lessons (first lesson for rules; second lesson to condense and combine rules).

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES: Role play having two students act out refusal skills for one or two rules.

MATERIALS NEEDED: Poster and marker.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies/Art

LESSON OBJECTIVES:

Content Area: Political understanding; civic values and responsibilities. CCG: 10.1b/2.1

AOD Prevention: School rules; responsibility/consequences. AOD: 2

LESSON DIRECTIONS: Discussion: ask—name a school rule.

- What is the purpose of the rule?
- What would happen if people didn't follow the rule?

Name some rules at your house.

- What would happen if someone doesn't follow the rule (emphasize consequences of breaking rules, not just punishment)?
- What do we call rules for driving a car (traffic laws)?
- What happens if people don't obey the traffic laws (good example: school bus laws, bike safety rules)?

Draw a picture of yourself doing the right thing, following the rules. Draw a picture of you at school, your home, or somewhere else. Tell your teacher about your picture and she or he will record your story and attach it to your picture.

Time: 25 minutes

Follow-up: Go over safety rules throughout the year as needed for review.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Paper/coloring materials.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Define self responsibility. CCG: 8.0

AOD Prevention: Make healthy, socially-acceptable choices. AOD: 2

LESSON DIRECTIONS: Explain that rules at home and school are to help us learn proper behavior. Discuss the concepts of "right" and "wrong" behavior. Give a few examples of each, such as:

- Talking when the teacher says to be quiet (wrong).
- Saying "please" when you want something (right).
- Hitting another child (wrong).
- Throwing trash in the trash can (right).

Ask students to name other right and wrong behaviors and write them on chart paper on the board.

Explain the importance of following classroom rules. Have students list some of these rules.

Ask the children to name things they can do to be good citizens and show respect for their family, school members, and community. List the responses on the board.

Time: 25 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Chart paper or blackboard, guest speaker: police officer.

TEACHER PREP: Children who are brought up to value individual responsibility and self-discipline and to have a clear sense of right and wrong are less likely to try drugs than those who are not.

TEACHER BACKGROUND:

SOURCE:

LESSON #44

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Consider the legal consequences of tobacco, alcohol, and other drug use. CCG: 2.0

AOD Prevention: Identify all possible penalties for use, possession, and sale (first time and repeated offense, underage and otherwise) of tobacco, alcohol, or other drugs. AOD: 2

LESSON DIRECTIONS: Ask students to name rules they must follow at home and at school. Ask if they know any local, state, or federal laws. If they don't, give them an example of each.

Include rules on the following:

- Eating vegetables and fruits.
- Not chewing gum in class.
- Brushing your teeth.
- Not running in the halls at school.
- Raising hand before speaking.
- Obeying stop signs.
- Observing speed limit.

Discuss what happens if someone breaks a rule or law. Be sure to include alcohol and tobacco use by minors.

Explain that rules and laws are made to keep safe and healthy.

Review classroom rules and add any that they would like to add. Or write initial classroom rules if this hasn't already been done.

Time: 20 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #45

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Interpersonal participation (social skills). CCG: 8.1

AOD Prevention: Peer-social; refusal. AOD: 6

LESSON DIRECTIONS: Discuss: Brainstorm the kinds of things a friend might want you to do that would be wrong.

- Steal something.
- Break something.
- Trespass.
- Lie.

Discuss: what can you do if you don't want to get into trouble.

- Find something else to do.
- Find someone else to play with (see worksheet).
- Say you don't want to get into trouble, etc.

Is a friend who gets you into trouble still a friend?

Time: 20-30 minutes

Follow-up: Question: If a friend gets you into trouble, whose fault is it? (Responsibility) Role play examples of getting into/staying out of trouble.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Chalkboard or chart paper, worksheet, library books.

TEACHER PREP:

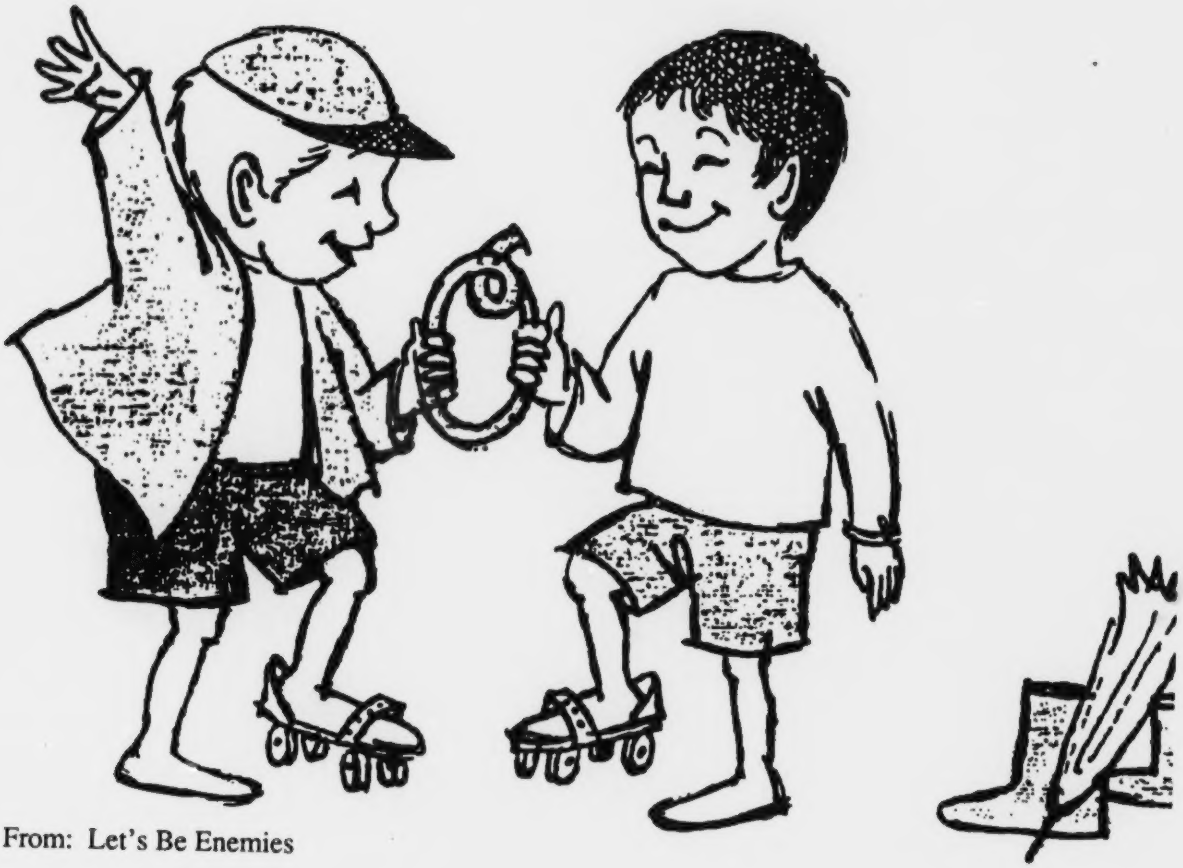
TEACHER BACKGROUND: Books: ***Let's Be Enemies***, Sendak; ***Kindness is A Lot of Things***, Eckblad; ***A Friend is Someone Who Likes You***, Anglund.

SOURCE:

LESSON #45a
Social Studies

Name ______________________ Date ______________

## Worksheet



From: Let's Be Enemies

When my friend and I play we

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## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Social interaction. CCG: 8.1

AOD Prevention: Peer-social influences; choosing friends. AOD: 6

LESSON DIRECTIONS:

1. Discuss and/or list how a person chooses someone for a friend. What kinds of things do you like in a friend?
    - Like to do things together.
    - Help you.
    - Talk to you.
    - Share toys.
2. What kinds of things does a friend not do?
    - Hit you or yell at you.
    - Get you in trouble.
    - Steal your belongings.

Time: 20 minutes

Follow-up: Draw pictures or make booklet—what friends do; what friends don't do. Make a collage of friends doing things together, cutting out magazine pictures.

Starter Booklet ideas:

With my friend I like to . . .
My friend is . . .
With my friend I can . . .
To be a friend, I will . . .

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Paper, coloring materials.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1

SUBJECT AREA: Social Studies/ Career Awareness

LESSON OBJECTIVES:

Content Area: The student will become acquainted with a police officer; develop positive attitudes about him/her; discuss roles in our society. CCG: 2.1

AOD Prevention: Social skills. AOD: 10

LESSON DIRECTIONS:

1. Brainstorm the roles of police officer before his/her arrival.
2. Write list on overhead, chalkboard or chart paper.
3. Introduce guest speaker—uniformed police officer.
4. Discuss duties of police officer and compare with list made earlier, noting any misconceptions.
5. Role-play officers doing their duties.

Time:

Follow-up: Visit police station, police car.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Overhead, chalk board or chart paper, uniformed police officer.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #48

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Social skills. CCG: 8.1

AOD Prevention: Peer influence can have an effect on children's behavior. AOD: 6

LESSON DIRECTIONS: Discuss the following example with the students:

Your mother said you had to stay in your house, yard, or apartment for the morning to play. Your friend came over and asked you to go out to your other friends. You went with your friend.

Ask the following questions:

1. What might be some results of leaving your house, yard, or apartment?
2. Would your friend still like you if you said you could not leave?
3. If you know something is wrong and a friend wants to do it anyway, would you join in (ask students for examples of what a friend might want them to do that they know is dangerous or would get them into trouble)?
4. Have you ever tried to convince a friend to do something he/she didn't want to do or wasn't supposed to do? What were the consequences?

Time: 20 minutes

Follow-up: Role-play various situations, using refusal skills.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Social skills. CCG: 7.4

AOD Prevention: Children need to be able to identify appropriate people to turn to for help in resolving problems. AOD: 6

LESSON DIRECTIONS: Begin this exercise by asking students to think of all the different people they could talk to if they had a problem. List their answers on the board. Be sure to include grandma, grandpa, brother, sister, mom, dad, teacher, nurse, social worker, principal, friend, health aide, school secretary, etc.

Have the students draw two pictures of people they could talk to. One picture should be of a school person, one should be of a family person.

Stress to students that it is important to find others to help them with their problems.

Discuss with students reasons why it may be hard to discuss problems. Reinforce how important it is to find people to talk to about problems and with whom they can share happy feelings.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Crayons, magic markers, and paper.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies/Health

LESSON OBJECTIVES:

Content Area: Recognize the risks of curiosity and experimentation. CCG: 6.4/2.1

AOD Prevention: Summarize ways in which curiosity and the willingness to experiment with new situations and sensations could increase an individual's likelihood of using tobacco, alcohol, or other drugs. AOD: 6

LESSON DIRECTIONS: Choose students to role play the characters and situations described below:

Characters:

| | |
|---|---|
| Jo: | New girl in school who is a friend of Sharon and Kelly. |
| Sharon: | Jo's and Kelly's friend who always plays safely. |
| Kelly: | Always tries to get other kids to take unsafe risks. |

Situation: The girls are swinging at recess and Kelly dares Jo to jump off the swing when it is at its highest point.

After the role play, ask students the following questions:

- Who influenced Jo's decision the most? Why?
- What makes Sharon so determined to play safely?
- If you knew a person like Kelly, would you like to be her friend?

Characters:

| | |
|---|---|
| Sally: | Mario's friend who always tries to do what is right. |
| Mario: | Sally's older friend who does not know the hazards of drinking alcohol. |
| David: | Sally's friend who listens to everyone without thinking about what might happen. |

Situation: Sally, Mario, and David are at the park on Saturday afternoon. Mario approaches Sally and David and offers them some beer.

After the role play, direct a discussion by asking students the following questions:

- How was David influenced?
- What might have happened if Sally was not so persistent?

- Do you think Mario was influenced by Sally's and David's decisions?

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #51

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Identify, develop, and practice effective decision-making skills. CCG: 2.1

AOD Prevention: Identify effective decision-making skills. AOD: 7

LESSON DIRECTIONS: Explain why it is important for people to overcome bad personal habits.

Ask students to list bad habits that people have, such as:

- Biting fingernails.
- Watching too much TV.
- Drinking a lot of soft drinks.
- Eating too many sweets.
- Eating baby aspirin as though it were candy.

Ask the students what would happen if they had these bad habits and could not overcome them. Then ask what they could do in place of these bad habits. For example, they could play outside or read a book instead of watching TV.

Stress that people usually do not change their behavior unless they realize that bad things happen because of bad habits. That's why it's good for us to know our own bad habits. For example, biting your fingernails can cause the skin around the fingernails to bleed and make fingers hurt and look bad.

Have students draw a picture illustrating a good habit. Emphasize that students can make choices to be healthy.

Read the book ***Berenstein Bears and Too Much TV*** and ***Berenstein Bears and Too Much Junk Food.***

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Crayons and paper, ***Berenstein Bears and Too Much TV*** and ***Berenstein Bears and Too Much Junk Food***, by Stan and Jan Berenstein.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #52

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Communicate thoughts, feelings, and opinions appropriately. CCG: 8.1

AOD Prevention: Identify healthy, socially-acceptable ways of expressing thoughts, feelings, and opinions in a variety of situations. AOD: 1

LESSON DIRECTIONS: Have students make masks using paper plates and assorted supplies. Punch holes in sides of masks and tie on with strings.

Explain that sometimes people cover up their feelings. They wear masks to keep others from knowing what they are feeling. The mask they wear might be smiling when they are really feeling sad. Ask students if they have ever covered up their feelings this way.

Tell students that sometimes people hide their feelings by smiling; sometimes by hitting others; sometimes by being very quiet; sometimes by trying to run away. Stress that we all need to learn the proper ways to show our feelings.

Ask how many students have gone to bed and thought about all the things that happened during the day. Encourage students to share these thoughts with parents, their sisters and brothers, and their friends.

Explain that when we do not share our feelings, it becomes hard to stay close to our family and friends. Then we begin to find ways to hide what is really going on inside ourselves.

Ask children to name ways of expressing feelings, such as:

- Talking to a family member or friend, teacher.
- Listening to music that expresses what you are feeling.
- Drawing or painting pictures.
- Singing songs.
- Writing stories.
- Doing a good deed.

Time: 25 minutes

Follow-up:

LESSON #52
Social Studies

MODIFY FOR HIGHER-
LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Relate the importance of friends and role models. Communicate thoughts, feelings, and opinions appropriately. CCG: 6.4, 8.1

AOD Prevention: Describe the influence (both positivel and negative) that role models have on an individual's behavior. AOD: 6

LESSON DIRECTIONS: Ask the students how important it is to have friends. Have the students share ways they know to make friends. Stress that it is important for us to reach out to others and make friends.

Opener: Show a recipe of a treat which relates to children.

Divide the class into groups of three and have each group develop their own "Friendship Recipe." This should include all the ingredients that go into a good friendship. Give each group a large card titled, "The ingredients for a good friend are." Have students list the qualities or draw pictures of a good friend on these cards. Then let each group share their "Friendship Recipe" with the class.

These recipe cards can be bound together with yarn to make a class recipe book. It can be a constant reminder of how important it is to be a good friend to others. Or make a "Friendship Recipe" bulletin board.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Recipe to share (for ideas—possibly have treat to eat), large card (with lines for students to write on), yarn.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #54

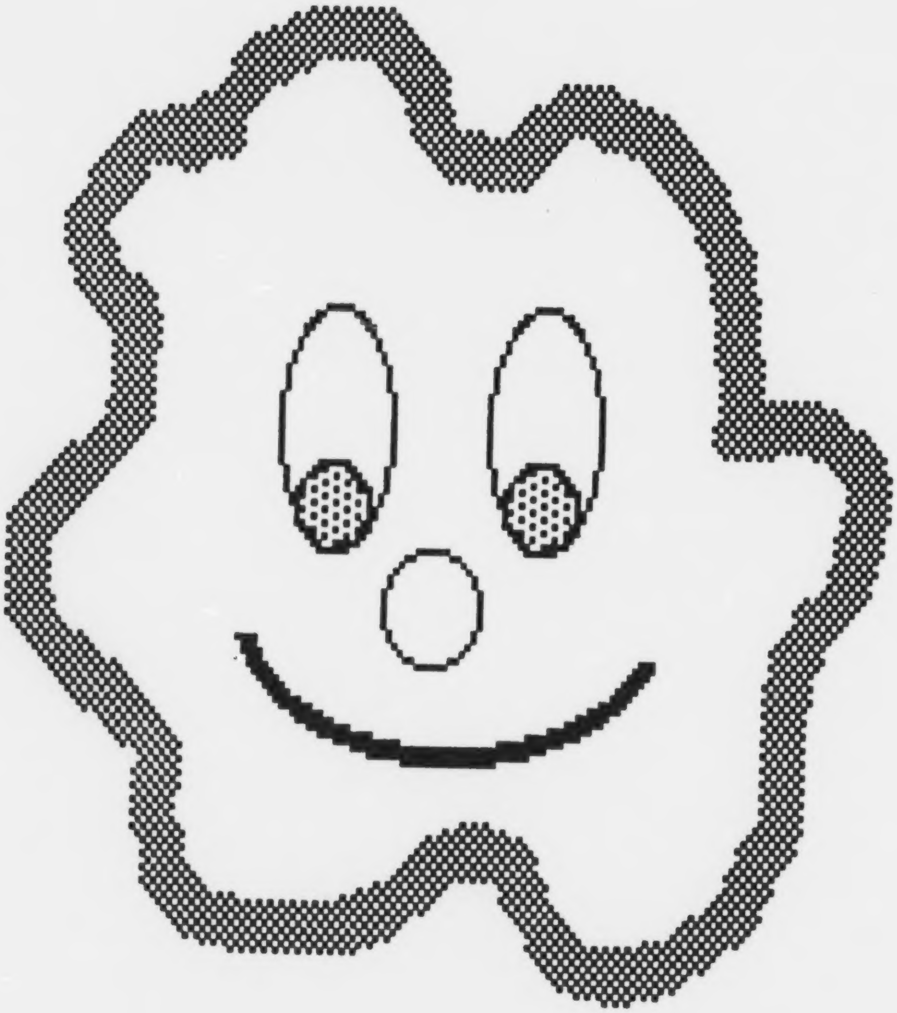
# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | K-1 | SUBJECT AREA: Social Studies |
| LESSON OBJECTIVES: | | |
| Content Area: | Communicate thoughts, feelings, and opinions appropriately. Realize personal uniqueness. | CCG: 8.1 |
| AOD Prevention: | Identify healthy, socially-acceptable ways of expressing thoughts, feelings, and opinions in a variety of situations. | AOD: 1 |
| LESSON DIRECTIONS: | Remind the students how they feel when they get a nice compliment from a friend or family member. Ask students to share experiences when they have felt that nice warm feeling.<br>Have each student pick a classmate's name from a can and make a "warm fuzzy" for that person.<br>Have students color and decorate the worksheet "Warm Fuzzy" with cotton balls or make a "warm fuzzy" using circles of synthetic fur and movable eyes.<br>Tell students to write a nice sentence about the person whose name was drawn and give it to the classmate along with the "warm fuzzy." | |
| Time: | | |
| Follow-up: | See Lesson #2 | |
| MODIFY FOR HIGHER-LOWER GRADES: | | |
| MATERIALS NEEDED: | Slips of paper with one student's name on each slip, worksheet "Warm Fuzzy," yarn, synthetic fur, movable eyes, cotton balls, glue, pencils. | |
| TEACHER PREP: | Read book on friendship prior to beginning lesson. | |
| TEACHER BACKGROUND: | | |
| SOURCE: | | |

LESSON #54a
Social Studies

Name ______________________________ Date ____________________

# Warm Fuzzy



LESSON #55

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies/ Health

LESSON OBJECTIVES:

Content Area: Identify, develop, and practice effective decision-making skills. CCG: 7.4/2.0

AOD Prevention: Identify effective decision-making skills. AOD: 7

LESSON DIRECTIONS: Read the following series of situations to the student. After each situation is read, allow students to give their ideas for a solution to the situation. Talk about the consequences of different solutions.

- You take a book that is very special to you to school to show your teacher. After she looks at the book, you put it in your desk. When you return to school the next day, the book is gone. What should you do?
- While you are at the grocery store with your father, you see some of your school friends. One of your friends takes a candy bar from the shelf and eats it. What do you do?
- While you are walking home after school, you become tired and sit on the street curb for a rest. A driver stops his car and asks if you are tired and if you need a ride. The driver is a stranger to you. What should you do?
- A group of students are playing on the playground at recess and you would like to play with them. You hoped that one of them would ask you to join them because they were having so much fun. What would you do?

Encourage students to discuss this exercise with their families and to talk about the choices they made. Did their families think the choices they made were good ones?

Time: 25 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

LESSON #55
Social Studies/Health

| | |
|---|---|
| TEACHER PREP: | Lead the students to select the correct action. Encourage them to seek help from parents and responsible adults when they are solving problems. |
| TEACHER BACKGROUND: | |
| SOURCE: | |

LESSON #56

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies/ Music/PE

LESSON OBJECTIVES:

Content Area: Good listening. CCG: 8.1/3.1/1.3

AOD Prevention: Communication skills. To be a good friend, one needs to be able to listen to his/her friends. AOD: 8

LESSON DIRECTIONS: Have students sit quietly and close their eyes. One at a time, use various noise makers and have students identify each sound.

Play "Simon Says." Ask students to watch your face as you speak. Give students a series of directions like Simon Says "stand up," "raise your right hand," "raise your left hand," "stand on one foot," etc. Then ask students to sit in a circle.

Play Telephone. Give a short, one-sentence message to one child in the circle by whispering it to him/her. Ask students to, one at a time, whisper the message to the next person. See if the message is the same or different at the end.

Time: 25 minutes

Follow-up: Play "Simon Says" game.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Bells, xylophone, blocks, drum, sticks, and other noise makers.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Social skills, communication. CCG: 6.4

AOD Prevention: Communication—"lying." AOD: 8

LESSON DIRECTIONS: Ask: "What is a lie?" Solicit examples of telling lies.

Discuss: Why do people tell lies? Students share their notions.

Discuss: How can lies cause harm to self or others?

If a friend told you a lie, how would you feel?
If a teacher told you a lie, how would you feel?
If a parent told you a lie, how would you feel?
If you told a friend a lie, how would he/she feel?
If you told a teacher a lie, how would he/she feel?

Draw a picture showing how you feel if someone lies/tells the truth to you.

Draw a picture of someone else showing how they would feel if you told truth/lied to him/her.

Time: 20 minutes

Follow-up: ***Pinocchio*** story—consequences of lying.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: K-1 SUBJECT AREA: Social Studies/Music

LESSON OBJECTIVES:

Content Area: Career awareness. CCG: 8.0/3.1

AOD Prevention: AOD: 10

LESSON DIRECTIONS: Display pictures of men and women in nontraditional and traditional roles in the work place. Discuss what their parents do (volunteers).

Have children complete these statements:

When I grow up I could . . .

List children's responses.

Sing to the tune of "Twinkle, Twinkle Little Star."

Special, special, special me
How I wonder what I'll be
In this big world I can be
Anything I want to be
Special, special, special me
How I wonder what I'll be

Activity: Draw a picture of what you'd like to be and tell why. Can be made into a class book.

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Pictures of people at work (try to find pictures of men and women in nontraditional roles), crayons, marker, paper.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## GRADES 2-3

| SUBJECT | LSN NO. | CONTENT | AOD NO. | CCGs | SUBJECT INFUSION |
|---|---|---|---|---|---|
| Art | 1 | Drawing | 1 | 1.31 | Social Studies |
| Health | 2 | Medicines | 4 | 2.0 | Language Arts |
| | 3 | Advertising, Communication, Wellness | 9 | 1.0 | Language Arts |
| | 4 | Safe Living/Stress | 1, 8 | 1.2 | Guidance |
| | 5 | Stress | 1, 6 | 2.0 | Language Arts |
| | 6 | Stress | 1 | 2.0 | Social Studies |
| | 7 | Communication Writing | 1 | 2.1b | Writing |
| | 8 | Career, Stress | 1, 10 | 2.1 | Career |
| | 9 | Relationships/Feelings | 3 | 3.0 | Social Studies |
| | 10 | Choices/Laws/Rules | 6 | 2.1 | Social Studies |
| | 11 | Careers | 7 | 1.2 | Careers |
| Language Arts | 12 | Feelings/Writing | 1 | 2.4A | Guidance |
| | 13 | Communication/Feelings | 1 | 1.3 | Guidance |
| | 14 | Story Writing/Penmanship | 1, 8 | 2.1 | Writing, Handwriting |
| | 15 | Writing | 1 | 1.3 | Guidance |
| | 16 | Advertising | 9 | 1.9 | Health |
| | 17 | Discussion Skills | 6 | 2.3 | Social Studies |
| | 18 | Literature-Related Stress | 2 | 1.10b | Health |
| | 19 | Reading/Writing | 7 | 2.4 | Reading |
| Math | 20 | Problem Solve/Charts/Graphs | 4, 7 | 7.1d | Discussion Groups |
| | 21 | Charts/Graphs | 4 | 7.1 | |
| | 22 | Organize/Categorize/Tally | 9 | 7.1d | |
| | 23 | Charts/Graphs | 1 | 7.1 | Art |
| Music | 24 | Sing/Create Songs | 8 | 1.4 | Health |
| Physical Educ | 25 | Body Movement/Feelings | 1, 3 | 1.1 | |
| | 26 | Throw/Catch/Aim | 7 | 1.2 | Cooperative Groups |
| | 27 | Teamwork | 9 | 3.1 | Cooperative Groups |
| Science | 28 | Poisons/Read Labels/ABC | 4 | 2.1 | Language Arts |
| Social Studies | 29 | Advertising/Media | 9 | 8.1 | Language Arts |
| | 30 | Community Helpers/Medicine | 4 | 8.1 | Careers |

LESSON #1

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Art/Social Studies

LESSON OBJECTIVES:

Content Area: Drawing: foreground, background, depth. CCG: 1.3/6.4

AOD Prevention: All people hide their feelings at times. There are positive and negative aspects of not verbalizing feelings. AOD: 1

LESSON DIRECTIONS: Use a book for introduction or follow-up (something about feelings).

Begin the session by asking students to name special places they go when they feel upset. Suggestions include: bike ride, friend's house, bedroom, woods, closet, fantasy land, etc.

Have children draw pictures of their special areas and then discuss how these spots make them feel better.

Discuss positive aspects of hiding. Some examples are:

1. Time to think and work on solutions to problems.
2. Sometimes it might be better to be silent and hide your feelings then to say something that might hurt you or another person.

Discuss negative aspects of hiding:

1. Some problems need to be worked out with other people. Hiding does not let you talk to other people.
2. A person who hides feelings too much can have a difficult time with friendship because hiding does not allow closeness to other people.

Time: Possibly two lessons: background development/art; foreground development/feelings, me, special place.

Follow-up: Write a poem about "My Special Place."

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "My Special Place," crayons, magic markers.

TEACHER PREP: Introductory story or poem about feelings/special places. Previous information/lessons on background and foreground.

TEACHER BACKGROUND:

SOURCE:

LESSON #1a
Art/Social Studies

# My Special Place

Directions: In the frame below, draw a picture of your special place.

LESSON #2

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3

SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Understanding medicines. CCG: 2.0

AOD Prevention: Recognize and understand the difference between prescription and over-the-counter drugs. AOD: 4

LESSON DIRECTIONS: Vocabulary List: over-the-counter (OTC), medicine, prescription, adult supervision.

Explain the difference between prescription and over-the-counter drugs:

- Prescription: Medicine that can only be purchased with a doctor's order.
- Over-the-Counter: Any of a wide variety of commercially produced medications that can be purchased without a doctor's prescription, but must be taken only as directed on the package and with an adult's supervision.

Display empty medicine containers and let the students classify them as prescription or OTC drugs. Read warning labels on medicines and interpret the directions for safe use.

Ask students why people take medicine. Emphasize that students should never take medicines—prescription or over-the-counter—without adult supervision.

Time:

Follow-up: Have students make posters on medicines and safety. Have students make puppets, create skits, or write stories about taking medicine safely. Film on dangerous drugs and other poisons around home.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Empty medicine bottles, both prescription and over-the-counter.

TEACHER PREP: A possible class field trip to a pharmacy to explain where prescription drugs come from and how much education it takes to become a pharmacist.

LESSON #2
Health

TEACHER BACKGROUND: Stress that we cannot take prescription drugs unless we have a written order from a doctor.

During this lesson, talk about the kinds of prescriptions students might have taken, such as antibiotics, antihistamines, allergens, analgesics, or vaccines. Explain that dosages are lower for babies and young children than for older children and adults.

SOURCE:

Note: If empty medicine containers are not available, students may look in magazine ads for over-the-counter drugs.

## *K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN*

GRADE LEVEL: 2-3 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Advertising can communicate positive aspects of health and wellness. CCG: 1.0

AOD Prevention: Advertising is also used to sell and/or promote tobacco, alcohol, and drugs, which are not healthy. AOD: 9

LESSON DIRECTIONS: Vocabulary List: example, commercial, advertisement, persuade.

Make up TV commercial advertisements, place in an activity envelope and present them to the rest of the class.

Choose a partner.

Take out one item from this envelope.

You and your partner think of three reasons why people would like to buy this item.

Make up a TV commercial advertisement that tells what is special about the item you picked out.

Now, make up TV commercial advertisements about two more items in the envelope.

Pretend you are on TV. The class is your audience. Give your best commercial.

Put the commercial advertisements you made back in the activity envelope.

Time:

Follow-up: Make a check out copy to be stored in the library. Cooperative groups: make group poster with individual tasks. Groups discuss ads from Sports Illustrated.

MODIFY FOR HIGHER-LOWER GRADES: Need ads from magazines for students to use.

MATERIALS NEEDED: Ideas for commercials: bar of soap, band-aid, pepper or salt wrapped in cellophane, gum wrapper, raisin box, pencil, color crayon, toothbrush, checker piece, a marble, chalk, milk carton, breakfast foods, exercise, granola bar, candy bar.

TEACHER PREP: Have a video camera in the classroom to tape for class discussion.

TEACHER BACKGROUND:

SOURCE:

LESSON #4

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Safe living, managing stressors. CCG: 1.2

AOD Prevention: Recognize that anger is an acceptable feeling, and that there are positive alternatives for dealing with angry feelings, rather than turning to tobacco, alcohol, drugs. AOD: 1, 3

LESSON DIRECTIONS: Divide the class into five small groups. Ask the students to think of a time they were really angry, and to share the experience in their small group.

Next discuss with students alternative ways to get anger outside themselves. List the suggestions on the board and then have them pick seven suggestions to write on their angry monsters for alternative behaviors when angry.

Stress that anger is an important feeling. What we do or how we act is what can help us or hurt us. It is not okay to hurt ourselves or another person when we are angry.

Time:

Follow-up: Stress alternative ways of handling stress rather than turning to tobacco, alcohol, drugs. These not mentioned in lesson. Draw/paint a picture of the "Angry Monster" as a class.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "Angry Monsters."

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## ANGRY MONSTERS

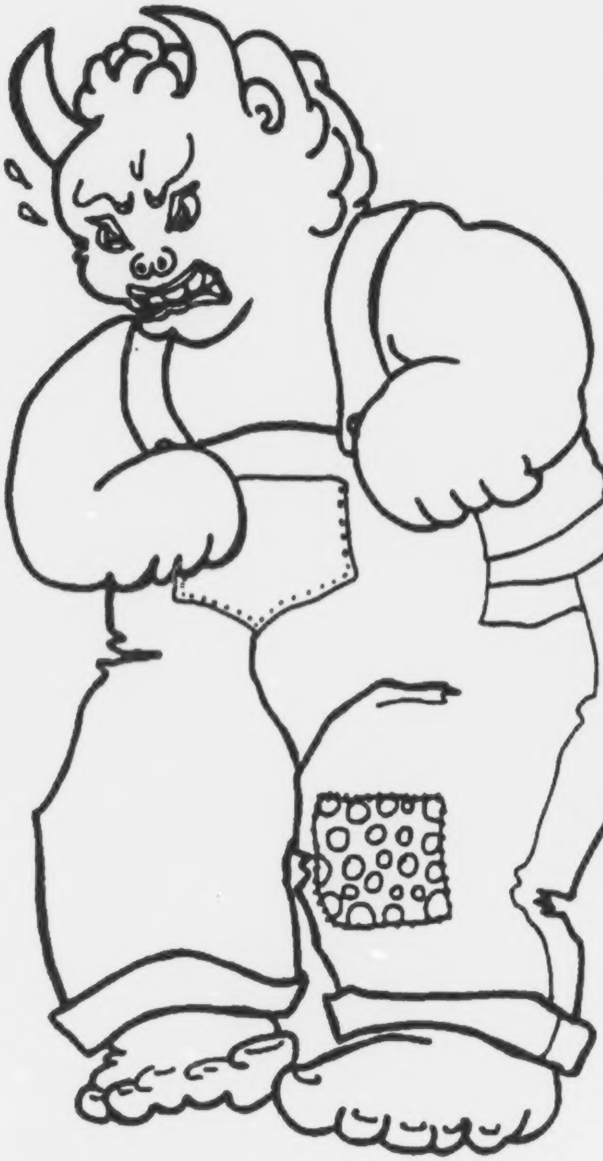
Directions: Finish the list of how to get rid of the angry monster without using the crutch of alcohol, tobacco, drugs.

To get rid of me, you can:

1. TELL SOMEONE YOU ARE ANGRY
2. DRAW
3. LISTEN TO MUSIC
4.
5.
6.
7.
8.
9.
10.

Students write on back of monster picture.

## Monster Picture



LESSON #5

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Managing stress and risks. CCG: 2.0

AOD Prevention: Identify personal attitudes and values. Recognize situations where peer pressure is a problem. AOD: 1, 6

LESSON DIRECTIONS: Discuss peer pressure, effective ways to say no, and people to talk to about peer pressure.

Discuss situations where peer pressure is a problem: breaking rules, cheating, stealing, taking drugs. Brainstorm a list of these situations. (The teacher and two students first model this activity.)

Divide students into small groups. Instruct each group to create characters, a setting, and a situation in which peer pressure is a problem. Allow students to practice the skit, design costumes and props, and perform the skit.

After the skits, have classmates critique the skit by responding to the following questions:

- What did you like about the skit?
- What was the problem?
- How was the problem worked out?
- How could the problem be prevented?
- What could you do to make it better?

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND: Peer-person of same age or skill. Pressure-force of influence to make someone do something.

These could also be on charts as part of lesson after skits (or even before).

Examples of good peer pressure:

- Being a good behavior model.
- Offering encouragement and compliments such as: "Good job," "You can do it, I know you can."
- Listening and offering rewards.

Examples of negative peer pressure:

- Challenging.
- Threatening.
- Putting people down.
- Pressuring.

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Identifying-managing stress and stressors. CCG: 2.0

AOD Prevention: Coping: explain that stress is natural. Identify sources of stress. Identify how people/students currently deal with stress. AOD: 1, 6

LESSON DIRECTIONS: Vocabulary List: cope, coping, coped.

Read or tell a story as an example of someone needing help to cope with a problem.

Explain to students that many times things happen that we worry or get upset about. Sometimes people carry these feelings inside of themselves for days until they want to cry or hit someone.

Explain that other people can help us when we have those feelings (you may have to review the meaning of the word "help").

Ask students for examples of things or times that could make them worry or get upset (you may have to review or establish a "ground rule" that when talking to a person, to say "I know someone who" instead of saying their name). Use some examples from the Stressful Situations List. As examples are given, write on chalkboard or flip chart and identify the **feeling** that goes with the **incident** (e.g., lost, wrong bus).

Hand out the help worksheet. Review the words on the handout and discuss the kind of help that a person might give.

Have students select an example from the list of stressful situations and mark their worksheets as to which person they would choose to help them feel better.

Select one person from the worksheet and write a story about a time when that person might help them to cope with feeling worried, upset, or angry.

Have students share some of their stories.

Closure: reminder that we all feel stress sometimes and that it is okay to go to other people who can help us cope with those feelings.

LESSON #6
Health

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES: Physical Education: Take a "trust walk" with a partner. One partner closes his/her eyes and is led around by other partner. Switch roles. Discuss how it felt to give and receive help.

Social Studies: Discuss how to get help for emergencies from community agencies (e.g., fire, accident). Use toy telephone to practice giving name, address, and description of situations.

Writing: Write a story about a time you needed help, telling why you needed help, and what happened.

MATERIALS NEEDED: Worksheet: "Help! I Need Somebody" and "Stressful Situations" list, pencils, story to open the lesson, book with stress message from school library.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## HELP! I NEED SOMEBODY
Stressful Situations

Feeling:

**Left out** because I broke my arm and can't play.

**Embarrassed** because I don't understand a word in reading group.

**Lonely** because no one is home to play with me.

**Mad** because I can't watch television.

**Worried** because my brother/sister is sick.

**Afraid** because I was locked out of the house.

**Frightened** when I got chased by the neighbor's dog.

**Lonely** because my parent is gone.

**Worried** because Mom and Dad had an argument.

**Mad** because my brother/sister hit me.

**Lost and afraid** because I took the wrong bus home and got lost.

**Embarrassed** because I got my hair cut too short.

**Scared** because I think there's a burglar in the house.

**Angry** because I lost my bike.

**Disappointed** because I wanted to go to a movie and didn't get to go.

**Frustrated/angry** because the kid who sits next to me keeps pulling my hair.

**Concerned** because my big brother is smoking cigarettes.

**Worried** about parent drinking too much alcohol and getting sick.

**Scared** because I had a bad dream.

**Sad** because I had a fight with a friend and don't have anyone to play with.

**Tired** because I can't sleep at night.

**Worried** all the time because we're going to move away to a place I've never been before.

**Awful** because I ate something and feel sick.

**Scared** because I saw high school kids drinking beer at the football game and arguing.

LESSON #6b
Health

## Help! I Need Somebody!

| | | | |
|---|---|---|---|
| Friend: | Teacher: | Mom: | ? |
| Dad: | Neighbor: | Babysitter: | Friend: |
| Grandparents: | Police Officer: | Church: | Pet: |
| Counselor:<br>Alcohol:<br>Drug: | Sister: | Brother: | Friend: |

LESSON #7

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Oral expression and communication, writing. CCG: 2.1b

AOD Prevention: Practice identifying feelings and coping with them. AOD: 1

LESSON DIRECTIONS: Teacher demonstrates first drawing their own "feeling wheel."

Have students cut out their "Feeling Wheel." If desired, the wheel can be glued to a paper plate. Review the difficult feelings that were discussed in the lesson.

Ask students to put an "X" by any of the feelings that they have experienced.

Then tell students that if they expressed or released the feeling to put a circle around the X.

Choose one of the feeling words and ask for volunteers to share what they did to deal with that particular feeling. Students do not have to share unless they choose to. Continue with other feelings if time permits.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

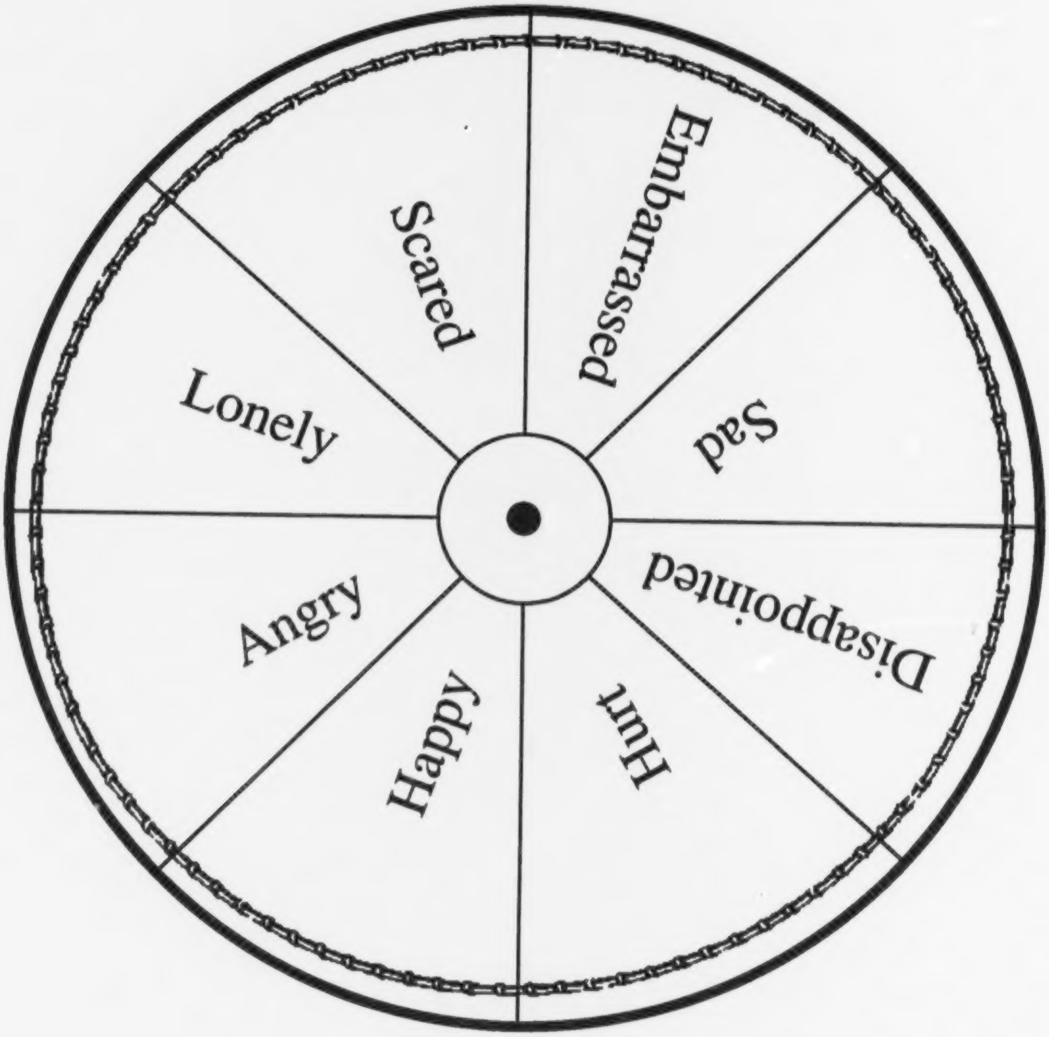
MATERIALS NEEDED: Crayons or markers, "Feeling Wheel" sheet for each student, paper plates (optional), and glue.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## Feeling Wheel


Embarrassed
Sad
Disappointed
Hurt
Happy
Angry
Lonely
Scared

LESSON #8

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Relate to factors causing stress in service careers such as police officer, fire fighters, doctors. CCG: 2.1

AOD Prevention: Alcohol and drug use brings on stressful times in the above careers. AOD: 1, 10

LESSON DIRECTIONS: Children/teacher brainstorm stress factors for police, fireservice personnel, etc.

Children role play in twos or groups: one police officer—1-2 children; one doctor—1-2 children.

Teacher/children decide on problem.

Play out the role with teacher support for direction and to reach objectives—how stress, why stress, etc.

Closure/summary—how involvement in drug and alcohol causes stress in above careers. To be conducted by the teacher.

Time:

Follow-up: Journal topic for writing.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND: **Caution**: Make sure developmentally appropriate material is used. Many topics only add to the stress of children of this age.

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Health

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Identify how family or friends' relationships make them feel. | CCG: 2.1 |
| AOD Prevention: | Peer and social influences, role models. | AOD: 6 |

LESSON DIRECTIONS: Complete worksheet (or make as a transparency).

Discuss leadership and role model qualities.

Brainstorm list with students.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet (or transparency)

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #9a
Health

Name ________________________________ Date ____________________

# Healthy Role Models

In the space below, list five healthy people who are good role models for children.

1.

2.

3.

4.

5.

What makes these people good role models? List five healthy characteristics of these people that you would like to imitate.

1.

2.

3.

4.

5.

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Health/Social Studies

LESSON OBJECTIVES:

Content Area: Smoking, choices, stress, laws/rules. CCG: 1.0, 2.0

AOD Prevention: Decision making: (a) there are usually several alternatives; (b) the decision you make often affects others. AOD: 7

LESSON DIRECTIONS: Stress to students that curiosity can be harmful if it hurts them, their family, or friends. Students are often in conflict about a correct decision to make. They need to take time to think about the positive and the negative aspects of their decisions.

Have students think about the following situation:

Sarah found a pack of cigarettes and matches and showed them to a group of four friends. She wanted everyone to try smoking them.

1. What would you do if you were part of that group?
2. If you did not want to smoke, could you tell the other group members that?
3. What might be the consequences of smoking?
4. What are some choices if you did not want to try the cigarettes and everyone else did?

Stress to students that smoking is damaging to a person's health, that it is against the law for students to buy cigarettes, and that it is against school rules for students to have cigarettes.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Careers (police officer). CCG: 2.0

AOD Prevention: Responsibility (helping to find a lost friend). Self-esteem (describing positive qualities of friend). AOD: 2, 1

LESSON DIRECTIONS: Ask for two volunteers, one to be a person looking for a lost friend and one to be a police officer. Equip the police officer with a badge.

Tell the first child to think of someone in the class who he or she knows well enough to describe (the child should keep the person's name a secret).

Then, have the child approach the police officer and explain that his or her friend is lost. Have the police officer ask what the friend likes to do, things he or she is good at, and why the other children like him or her (the police officer does not ask the name of the child).

When the police officer thinks he or she knows who the lost friend is, he or she points to the child. If the police officer is wrong, he or she may need to call in some official helpers in order to solve the case.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #12

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Identifying feelings; writing words. CCG: 2.4a

AOD Prevention: There are many different feelings; sometimes your feelings will be similar to other people, and sometimes they will not be like anyone else's. Sometimes you can help another person to recognize and identify feelings. AOD: 1

LESSON DIRECTIONS: Ask students to think of as many feeling words as they can and write them on a large piece of paper that can be displayed in the classroom. Brainstorm as a class to create a list, if necessary.

Next, play the game "Simon Says" using feelings. When the person who is Simon verbalizes "Simon says act happy," everyone is supposed to show a happy face. Then, have everyone notice each other's face. If Simon says people to be sad, everyone makes a sad face. If the person who is Simon asks the student to make a face without saying Simon says, all the people who made the face are out. The object is for the students to practice feelings words and to notice how other faces look when they experience a feeling. Give as many students as possible a chance to be Simon.

Time:

Follow-up: See next lesson, "Uncomfortable Feelings."

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: A large sheet of paper and magic markers.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Oral expression and communication. CCG: 1.3

AOD Prevention: Various ways to express uncomfortable feelings. AOD: 1

LESSON DIRECTIONS: Review the feeling words discussed during the previous lesson. Ask students which feelings are hardest and most uncomfortable for them.

Write the feelings the students name on the board. Choose one of the feelings and ask students how they would release or express that feeling and write the responses by the feeling word.

Stress to students that some feelings are difficult to express, but that if feelings are held in, they can make the person sick. People can get headaches or stomach aches, have trouble sleeping, or have trouble concentrating if feelings are held in.

Also, stress that it is not okay to hurt yourself or other people when trying to release feelings.

Make copies of the lists of feelings and ways of releasing feelings and send them home with the students. Ask them to discuss the lists with their family members to see what methods of expressing feelings are okay in their family. It is important that children follow family rules when dealing with their feelings.

Time:

Follow-up: Worksheet: "Feeling Wheel."

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

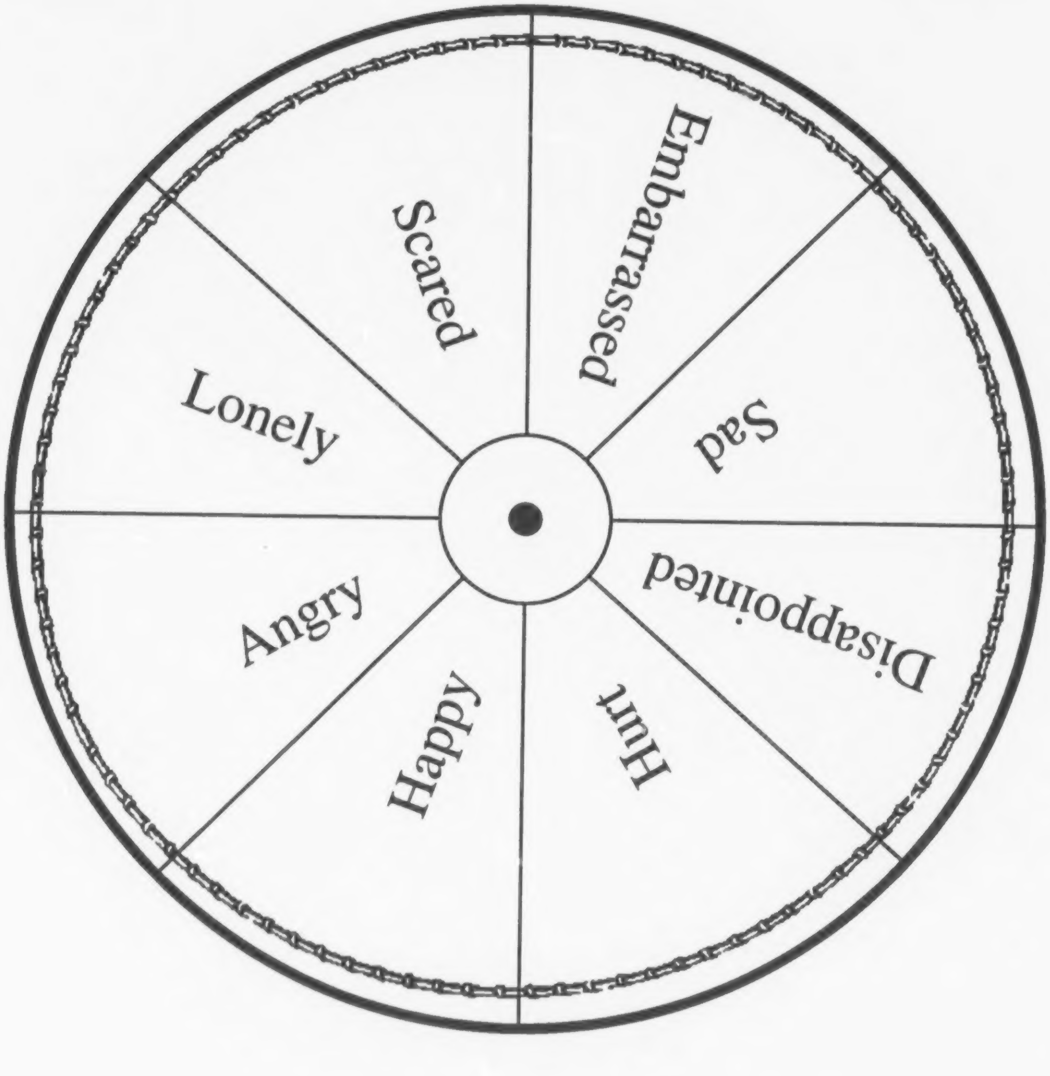
TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #13a
Language Arts

## Feeling Wheel


Embarrassed
Sad
Disappointed
Hurt
Happy
Angry
Lonely
Scared

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3

SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Story writing; penmanship. CCG: 2.1

AOD Prevention: Learning positive ways to cope with stress rather than turning to harmful behaviors and habits. AOD: 1, 7

LESSON DIRECTIONS: Ask the students what the term "stress" means. List their responses on the board.

Discuss that all people feel stress at one time or another. List ideas of how to cope when a person feels a lot of stress.

Give the following examples and try to find ideas of how to cope. Cooperative group: Students pick one problem, discuss, and present to the group.

1. You come home from school and your Mom is angry. You think you may have done something wrong.
2. Teams are being picked for baseball in your gym class. You are not chosen and you feel left out. What can you do? What can't you do?
3. You hear some kids whispering. You turn around and they're looking at you and laughing. What can you do? What can't you do?

Point out to students that there may be times in their lives when they are unfairly blamed by others. This does not mean that anger they experience because of others is unjustified.

If time, have students role play the situations that were discussed. Stress that they can ask for information and ask to have their needs met.

Give students "Sam's Story" or have them turn to it in their workbooks. Explain that Sam can be short for both Samuel and Samantha. After they've finished their sheets, put the sheets on the bulletin board or have the children take them home to show their families.

Time:

Follow-up: Make a "Dear Sam" column as a follow-up for children to express ways of coping, or use as a home assignment for parents to offer advice.

LESSON #14
Language Arts

| | |
|---|---|
| MODIFY FOR HIGHER-LOWER GRADES: | |
| MATERIALS NEEDED: | Worksheet: "Sam's Story." |
| TEACHER PREP: | |
| TEACHER BACKGROUND: | Refer to advice columns: "Ann Landers" or "Dear Abby." |
| SOURCE: | |
| TEACHER REFERENCE: | Emphasize that everyone feels stress sometimes. When people feel stress, there are some things to do to make themselves feel better. Point out that there are some situations over which people have no control. The only things that people can change are the ways they themselves feel and act.<br>Emphasize that it is important to find satisfying alternatives for coping with stress; people do not need chemicals to make themselves feel better in stressful situations. |

## Sam's Story

Directions: Sam is in the third grade. Sometimes Sam feels nervous or under stress. Write a story about a time Sam felt a lot of stress and what Sam did to cope with that stress.

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Writing. CCG: 1.3

AOD Prevention: Feelings: helping others feel included and accepted. AOD: 1

LESSON DIRECTIONS: After reading a book about friends such as ***Best Friends***, ***Rosie and Michael***, or ***Frog and Toad are Friends***, we will brainstorm and practice finding good qualities of friends.

Teacher reads friendship book(s).

Whole group discussion of what is a friend, why we need friends, how to be a friend, qualities of friends.

Ideas above are listed on board or chart paper.

Teacher puts on glasses and states a positive quality about each student (see next page).

Students each think of a positive quality in the person next to them.

Students then put on the glasses and state a positive quality in the person next to him/her.

On writing paper the student completes the framework: A friend is someone who ________________________________________.

Time:

Follow-up: Completed writing pages will be bound in classroom book.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Book on friendship, chart paper, paper sunglasses, writing paper with room for illustrations, cardboard glasses from an opthomologist with dark lens removed.

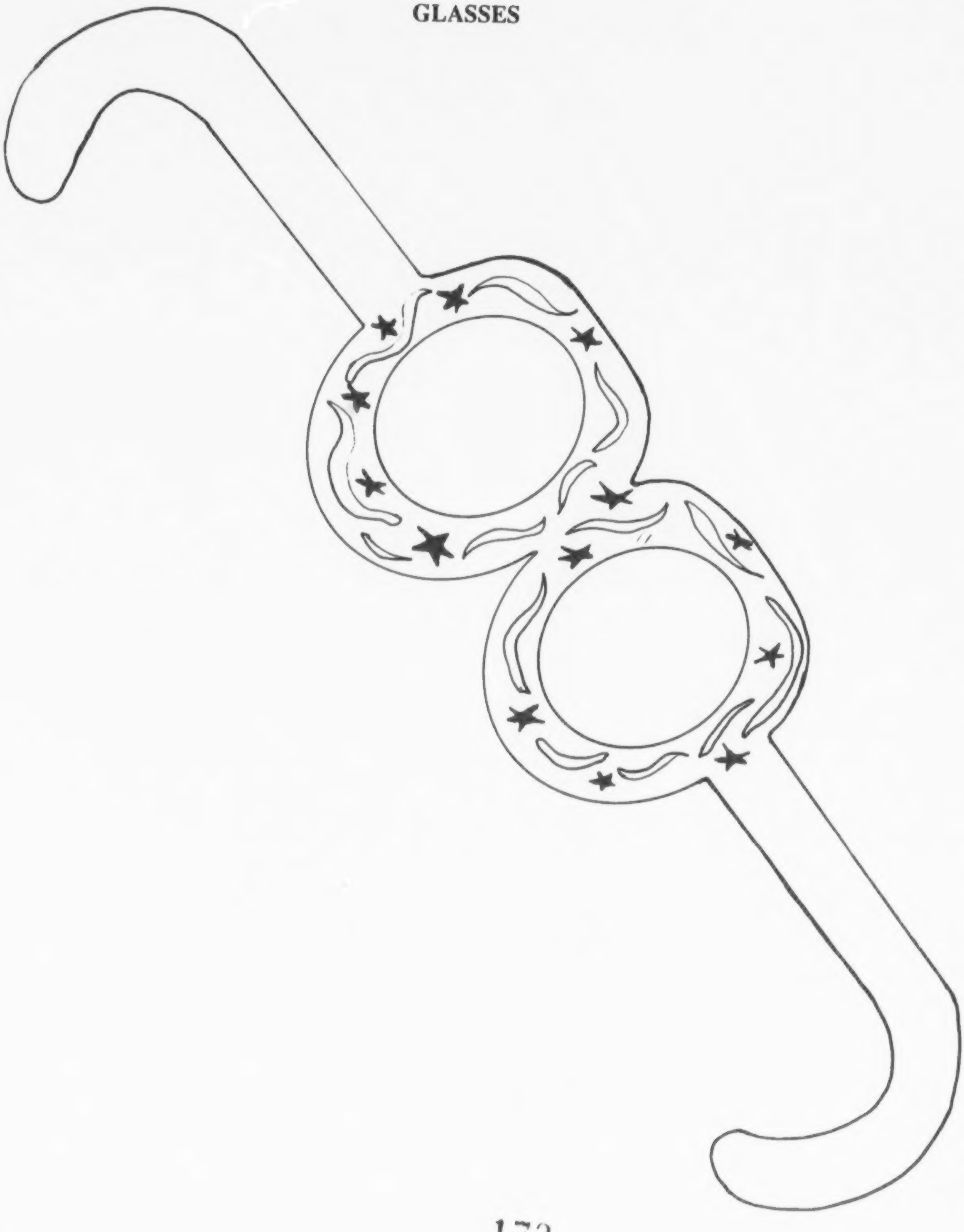
TEACHER PREP:

TEACHER BACKGROUND: Other suggested books:

***George and Martha Books***–James Marshall
***A Special Trade***–Sally Whitman
***Corduroy***–Don Freeman
***Maude and Sally***–Nicki Weiss
***We Are Best Friends***–Aliki

SOURCE:

## GLASSES



# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3

SUBJECT AREA: Language Arts/Health/Social Studies

LESSON OBJECTIVES:

Content Area: Advertising in magazines or on TV sometimes persuades people to buy things by making them glamorous to use. CCG: 1.9/6.4

AOD Prevention: Media advertising. AOD: 9

LESSON DIRECTIONS: Have each student choose one magazine ad that glamorizes the use of a product. Examples they will find include ads for various types of alcohol, cigarettes, sugary foods or toys. Have each student show the ad to the class and then have everyone discuss the following questions:

1. Can a drug really make a person more beautiful?
2. Can a drug, toy, or food make you have more friends?
3. Can advertising make us want things we really do not need?
4. Can cigarettes make you look like the man or woman in the advertisement?

Discuss the following with your students:

1. Ads for chemicals make them seem good for people.
2. What is true and what is not true about ads.
3. Reinforce to students that they do not need chemicals, toys, or food to cope with uncomfortable feelings, to look attractive, or to have good relationships with people. People have the skills or can develop the skill without chemicals.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Magazines and scissors.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Demonstrate group discussion skills such as questioning, contributing, and taking turns. | CCG: 2.3 |
| AOD Prevention: | Peer/social influences: importance of friends; qualities of a friend. | AOD: 6 |

LESSON DIRECTIONS: Write "friend" on the board. Ask students:

- Who are your friends?
- What makes a good friend?
- Are you a good friend to others?

Describe the qualities of a good friend (helpful and supportive, fun to be with, similar likes and dislikes, cooperative). Give examples of good friends from books and stories children have read.

Pass out the worksheet "Wanted: Good Friend." Have students make a "Wanted: Good Friend" poster. Have them illustrate the poster with pictures of things they want their best friend to have. Have students list the characteristics they want their best friend to have.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "Wanted: Good Friend."

TEACHER PREP: Check your school library for books on friendship.

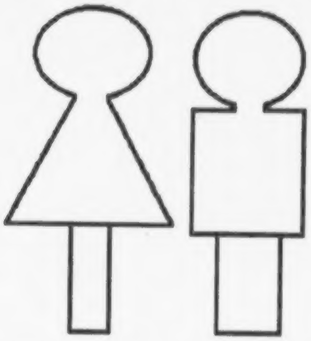
TEACHER BACKGROUND:

SOURCE:

LESSON #17a
Language Arts

Name ______________________________ Date ____________________

# Wanted: Good Friend



My good friend must be:

1. ______________________ 6. ______________________
2. ______________________ 7. ______________________
3. ______________________ 8. ______________________
4. ______________________ 9. ______________________
5. ______________________ 10. ______________________

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Literature-related stress. CCG: 1.10b

AOD Prevention: Identify from literature times when a character is offered a drug-like substance and discuss possible solutions. AOD: 2

LESSON DIRECTIONS:

1. Read the first five chapters of ***James and the Giant Peach***.
2. List James' problems.
3. Make a list of health and safety rules James broke.
4. Discuss possible solutions other than drinking a potion.

Time: Two 30-minute class periods

Follow-up: Keep a journal of the story and have students pretend they are James.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Book: ***James and the Giant Peach***, journals

TEACHER PREP:

TEACHER BACKGROUND: Read the story first. Brainstorm some possible solutions. Sometimes a bad situation is better than the effects of taking drugs.

SOURCE:

LESSON #19

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Reading: comprehensive skills; meanings. Writing: writing skills for different purposes and audiences. CCG: 2.4/1.5

AOD Prevention: Decision-making skills: identify, develop, practice. AOD: 7

LESSON DIRECTIONS: Explain what "brainstorming" is, what happens when a group of people get together to share ideas about how to solve a problem or make a good decision. Every person in the group has a chance to voice his or her opinion. Then the group decides which of all the ideas was the best and chooses that solution to the problem.

Explain that decision making is a "Ready, Set, Go" process: "ready" being brainstorming; "set" being gathering information about each possible choice; and "go" being making the right choice.

Divide students into four- to six-member groups. Give each group the "Problem-Solving" handout.

Assign each group one of the listed problems. Tell the groups to use the "Ready, Set, Go" process to solve their problem. Have each group select one person to be their group reporter.

After all groups have solved their problems, each group reporter should describe why his or her group made the decision they did.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Handout: "Problem-Solving."

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #19a
Language Arts

Name ______________________________ Date ____________________

## Problem-Solving

Choose one of these situations and use the "Ready-Set-Go" process to solve the problem in the situation.

1. You have an earache.
2. You see some pills on the table.
3. A friend wants to try sniffing some airplane glue and some spray paint to see what it is like.
4. Your friends want to steal some of your mother's cigarettes to try smoking.
5. Your friend forgot to study for the math test and wants to copy your answers.
6. You are at a friend's house and do not like what is being served for supper.
7. Your new pen is stolen out of your desk and you think you know who took it.
8. Your best friend has taken a beer from her family's refrigerator and wants you to split it with her.

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Charts and graphs. Problem-solving experience. CCG: 7.1d

AOD Prevention: Effects of alcohol, tobacco, other drugs. AOD: 4, 7

LESSON DIRECTIONS: Review reading charts and graphs.

Discuss how charts and graphs can be used to give us information about our bodies.

Discuss heart rate and how it is measured. Help students take their own heart rate, feeling the pulse at the wrist or the neck, or by putting a hand on their heart.

Have students complete the worksheet "Your Beating Heart." Discuss the questions and answers. Then ask students:

- What other information about our bodies is measurable?
- Can we measure how fast we run?
- Can we measure our temperature?
- What kinds of things happen when we use drugs like nicotine (cigarettes) and caffeine (coffee)?
- What other unhealthy substances do people use?
- How can those substances change the body?

Time:

Follow-up: See Lesson #24.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheets: "Your Beating Heart."

TEACHER PREP:

TEACHER BACKGROUND: Heart rate increases with exercise, too. Stress that an increased heart rate can be good if it is achieved through exercise, but that it is unhealthy when caused by drug use.

SOURCE:

American Heart Association
2121 SE Broadway
Portland, OR 97201
226-2575

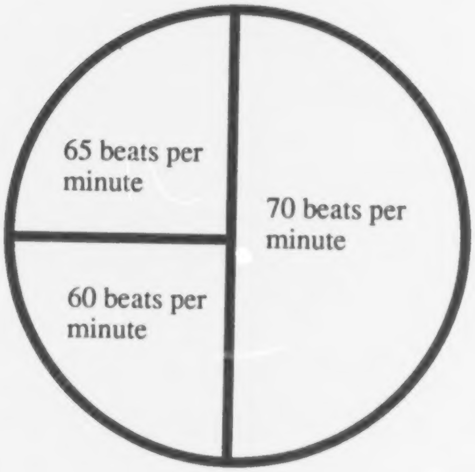
LESSON #20a
Math

Name ______________________________ Date ____________________

## YOUR BEATING HEART
(Part 1)

1. What fraction of people had 70 beats per minute? ____________
2. What fraction of people had 65 beats per minute? ____________
3. What fraction of people had more than 60 beats per minute? ____________

Average heart rates for 100 people in Smalltown, USA

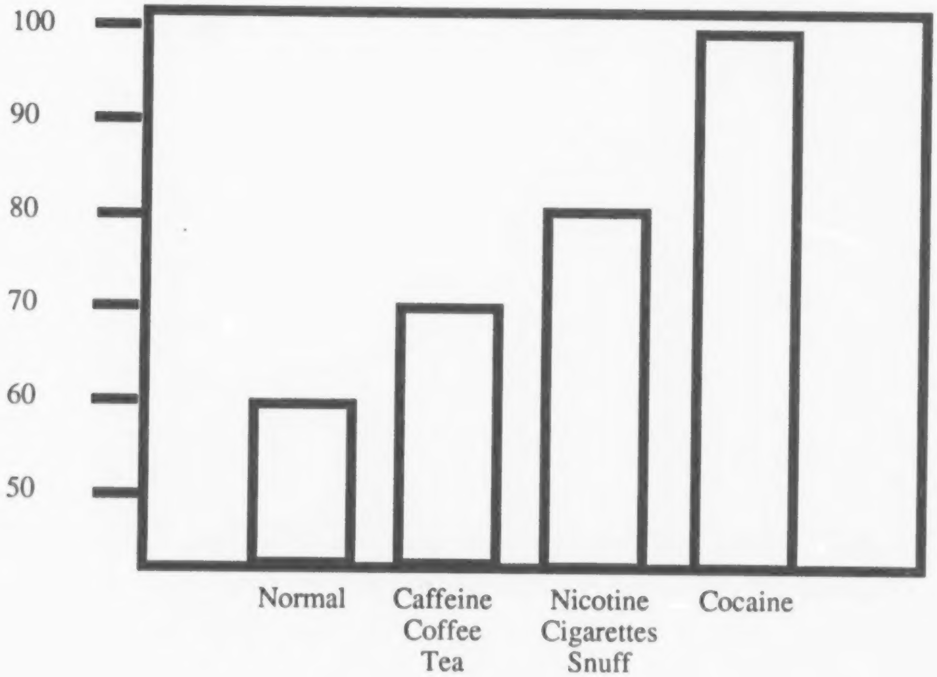


Name ______________________ Date ______________

## YOUR BEATING HEART
(Part 2)

4. What is the heart rate after drinking coffee? __________
5. What is the heart rate after smoking a cigarette? __________
6. Which drug produces the highest heart rate? __________

Average heart rates for 1,000 people in Smalltown, USA while using the drugs caffeine, nicotine, and cocaine.



LESSON #20c
Math

Name ______________________________ Date ____________________

## YOUR BEATING HEART
(Part 3)

7. Who has the highest heart rate? ____________
8. Who has the lowest heart rate while dipping? ____________
9. What is P's heart rate while he is dipping? ____________
10. Whose heart rate changed the most? ____________

Heart rates for students using snuff in Smalltown, USA

| Student | Normal Heart Rate | Heart rate while dipping snuff |
|---|---|---|
| B | 70 | 95 |
| Y | 60 | 90 |
| R | 65 | 75 |
| P | 75 | 95 |

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Charts and graphs. Coordinate with drug abuse prevention so students understand that a stimulant increases heart rate. CCG: 7.1

AOD Prevention: Learning through charts and graphs how our bodies react to factors such as exercise, alcohol, drugs, being sick. AOD: 3

LESSON DIRECTIONS: Review charts and graphs. Explain how we read them to obtain information.

Discuss how charts and graphs can help us to learn about the way our bodies react to factors such as:

- Exercise.
- Drugs.
- Alcohol.
- Being sick.

Discuss drugs and alcohol.

Discuss how people react differently to illness, exercise, drugs, and alcohol. A chart can show this information for comparison.

Pass out the worksheet "Heartbeats." When students have completed the worksheet, ask them the following questions:

- How could a doctor use this chart?
- Why do you think everyone had different heart rates?
- Do we all have the same heart rate?

Time:

Follow-up: What is the difference between F and E's heart rate?

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Pictures or teacher description of tea, cigarettes, and cocaine.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #21a
Math

Name ______________________________ Date ____________________

# Heartbeats

Study the chart below, and answer the following questions.

| Person | Normal Heart Rate | Using Cocaine | Smoking Cigarettes | Drinking Tea |
|---|---|---|---|---|
| A | 70 | 100 | 100 | 85 |
| B | 65 | 120 | 90 | 80 |
| C | 65 | 110 | 90 | 75 |
| D | 60 | 100 | 95 | 70 |
| E | 55 | 130 | 100 | 70 |
| F | 75 | 120 | 100 | 90 |
| G | 70 | 110 | 95 | 80 |

1. Which drug raises the heart rate the most? ____________________
2. Who has the highest heart rate while smoking cigarettes? ____________________
3. Who has heart rates of 80 while drinking tea? ____________________
4. Which drug raises the heart rate the least? ____________________
5. What is E's normal heart rate? ____________________
6. What is C's heart rate while smoking cigarettes? ____________________
7. Who has the highest heart rate while using cocaine? ____________________
8. Who has the highest normal heart rate? ____________________
9. What is F's normal heart rate? ____________________
10. What is D's heart rate while drinking tea? ____________________

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Organizing and tallying (counting) commercials on TV during a given viewing period. CCG: 7.1d

AOD Prevention: Media and advertising. AOD: 9

LESSON DIRECTIONS: Review the topic types (i.e., food, cars, alcohol).

Students to watch TV for 1-1/2 hours (can be over a weekend) and fill in a square for each commercial seen in a category.

Review filling in a square completely for each commercial seen.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Data collection worksheet.

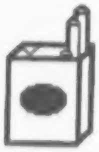
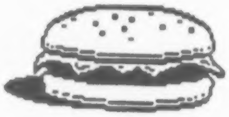
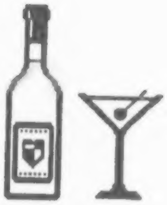
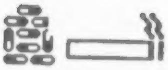
TEACHER PREP:

TEACHER BACKGROUND:

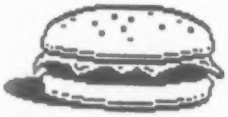
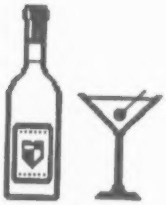
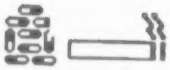
SOURCE:

## LESSON #22a
Math

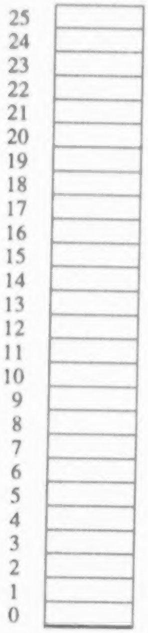
What would you say "No" to?

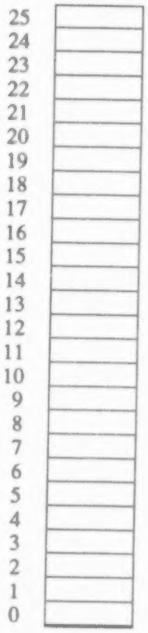





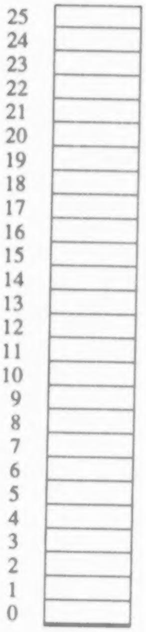
How many in your class picked:

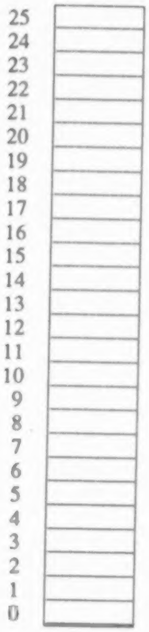
______
______ 
______ 
______ 

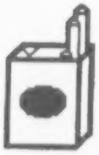
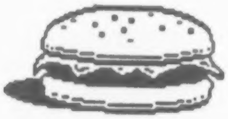
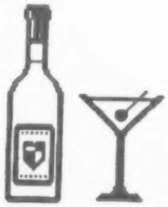
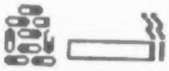
Make a graph:









## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Math/Art

LESSON OBJECTIVES:

Content Area: Using graphs and charts. CCG: 7.1/1.1

AOD Prevention: Feelings: people experience a variety of feelings throughout the day. AOD: 1

LESSON DIRECTIONS: Begin the lesson by asking:

1. How students felt when they woke up this morning.
2. How they felt when they came to school.

Make a chart and tape it to the wall so that it looks like the "Feelings Chart" that follows.

Explain to students that they should cut out the circle from the "Name Circle" sheet, decorate it, and put their name on it. Then have them attach their name tag to the chart in the appropriate area designating how each felt before coming to school today.

At different times during the day, stop the activities and ask students to move the name tag to where they are feeling. Do this periodically. STRESS: ALL FEELINGS ARE OKAY.

Ask students to complete the worksheet that follows. These can be displayed, or volunteers can read their responses.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES: Make name circles into necklace or bracelet with feelings on one side, name on the other.

MATERIALS NEEDED: Worksheets: "Feelings Chart" and "Name Circle."

TEACHER PREP:

TEACHER BACKGROUND: People's feelings change all day long. People need to find alternative ways of expressing their feelings. All feelings are okay. What is important to remember is that there are responsible and irresponsible ways to express feelings.

SOURCE:

LESSON #23a
Math/Art

## Name Circle

## FEELINGS CHART

Directions: Write down a time when you felt each of the feelings below. If you can't think of one, write down something that might make someone feel each of the feelings.

| NAME | Angry | Happy | Sad | Scared | Excited |
|---|---|---|---|---|---|
| | | | | | |
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LESSON #24

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Music/Health

LESSON OBJECTIVES:

Content Area: Singing concepts and skills. Creating lyrics to add to tunes. CCG: 3.0, 3.2/ 1.1, 2.1

AOD Prevention: Describe refusal skills. AOD: 8

LESSON DIRECTIONS: Teach your students the following song to the tune of "Frere Jacques" ("Are You Sleeping, Brother John?").

I don't take drugs
I don't take drugs
It's not cool, it's not cool
I would rather run
I would rather play
I'm no fool, I'm no fool

Encourage students to add stanzas of their own.

Encourage children to compose simple tunes of their own with lyrics that reflect drug awareness, or to think of new words to go with songs they already know.

For example, to the tune of "Farmer in the Dell" they might sing:

Drugs we will not use
Drugs we will not use
Say no, don't break the law
Drugs we will not use

Drugs harm bodies and minds
Drugs harm bodies and minds
Say no, 'cause it's wrong to do
Drugs harm bodies and mind

Time:

Follow-up: "Smoke Is No Joke," American Heart Association. Students can create their own songs in groups and share with class. Children can share their songs with other classes. See Source for a good plan for "Red Ribbon Week" Assembly. Initiate a "Happy Line Dance" to accompany songs. Share with other classes.

MODIFY FOR HIGHER-LOWER GRADES: Great for the class of 2000.

## LESSON #24
Music/Health

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE: Red Ribbon National Campaign
Red Ribbon Headquarters
PO Box 3878
St. Louis, MO 63122
(314) 968-1323 FAX (314) 968-4164

LESSON #24a
Music/Health

SMOKE
IS
NO JOKE!

by Joel Herron
A.S.C.A.P. A.G.A.C.

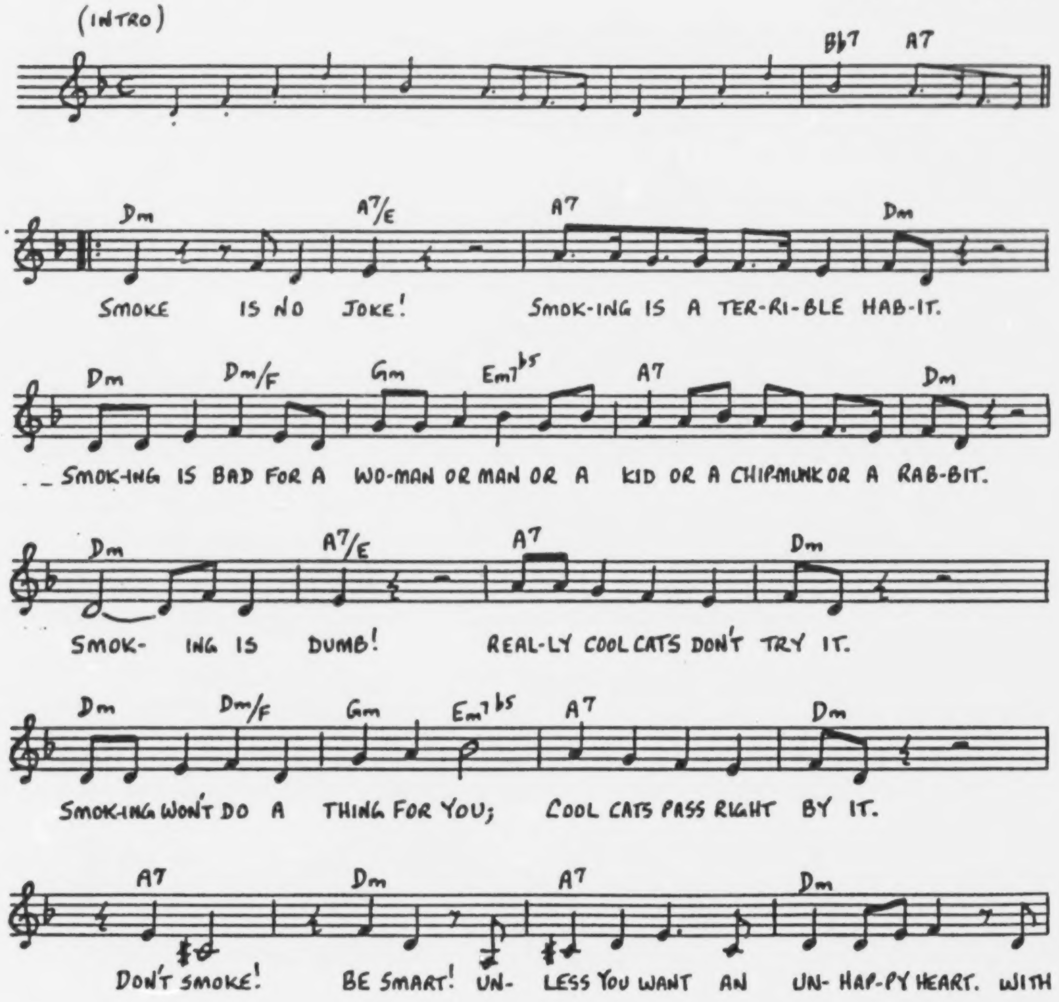
Smoke is no joke!
Smoking is a terrible habit.
Smoking is bad for a woman or man
or a kid or a chipmunk or a rabbit.
Smoking is dumb!
Really cool cats don't try it.
Smoking won't do a thing for you;
Cool cats pass right by it. Don't smoke!
Be smart! unless you want an unhappy heart.
With fingers and teeth all stained pretty bad
and a cough and a breath that get other
folks mad!
Be good to yourself. Don't puff, puff 'til
you choke.
It's crazy to start what's no good for your heart.
Smoke is no joke!

Smoke is no joke!
Smoking is a terrible habit.
Smoking is bad for a woman or man
or a kid or a chipmunk or a rabbit.
Smoking is dumb!
Really cool cats don't try it.
Smoking won't do a thing for you;
Cool cats pass right by it. Don't smoke!
Be smart! unless you want an unhappy heart.
With fingers and teeth all stained pretty bad
and a cough and a breath that get other
folks mad!
Be good to yourself. Don't puff, puff 'til
you choke.
It's crazy to start what's no good for your heart.
Smoke is no joke!

It's crazy to start
what's no good for your heart. Smoke is no
joke!
No!

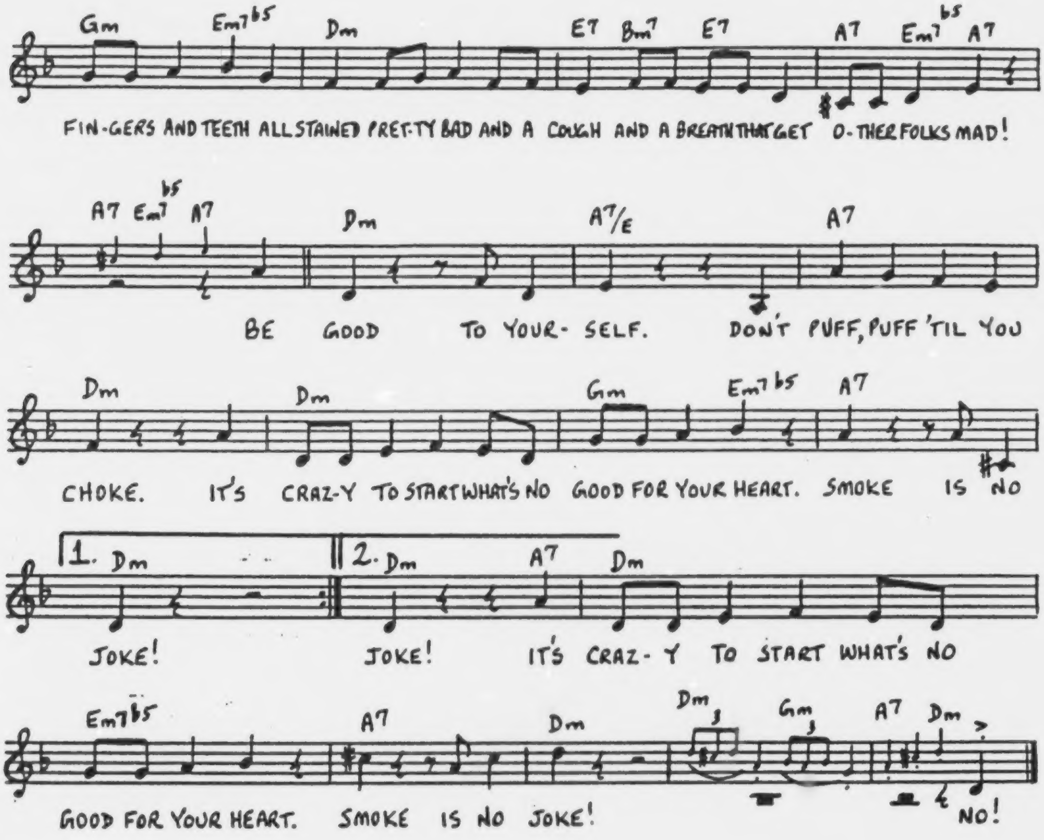
# "SMOKE IS NO JOKE"

by JOEL HERRON
A.S.C.A.P. A.G.A.C.


(INTRO)
B♭7 A7
Dm A7/E A7 Dm
SMOKE IS NO JOKE! SMOK-ING IS A TER-RI-BLE HAB-IT.
Dm Dm/F Gm Em7♭5 A7 Dm
SMOK-ING IS BAD FOR A WO-MAN OR MAN OR A KID OR A CHIPMUNK OR A RAB-BIT.
Dm A7/E A7 Dm
SMOK- ING IS DUMB! REAL-LY COOL CATS DON'T TRY IT.
Dm Dm/F Gm Em7♭5 A7 Dm
SMOKING WON'T DO A THING FOR YOU; COOL CATS PASS RIGHT BY IT.
A7 Dm A7 Dm
DON'T SMOKE! BE SMART! UN- LESS YOU WANT AN UN- HAP-PY HEART. WITH

© 1981 AMERICAN HEART ASSOCIATION

SMOKE IS NO JOKE


Gm
Em7b5
Dm
E7
Bm7
E7
A7
Em7b5
A7
FIN-GERS AND TEETH ALL STAINED PRET-TY BAD AND A COUGH AND A BREATH THAT GET O-THER FOLKS MAD!
A7
Em7b5
A7
Dm
A7/E
A7
BE GOOD TO YOUR-SELF. DON'T PUFF, PUFF 'TIL YOU
Dm
Dm
Gm
Em7b5
A7
CHOKE. IT'S CRAZ-Y TO START WHAT'S NO GOOD FOR YOUR HEART. SMOKE IS NO
1. Dm
2. Dm
A7
Dm
JOKE!
JOKE! IT'S CRAZ-Y TO START WHAT'S NO
Em7b5
A7
Dm
Dm
Gm
A7
Dm
GOOD FOR YOUR HEART. SMOKE IS NO JOKE! NO!

Featured in the A.H.A. film "The Heart That Changed Color!"

LESSON #25

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Physical Education

LESSON OBJECTIVES:

Content Area: Expressing feelings states in body movements. Creating expressive and dramatic movements. CCG: 1.1

AOD Prevention: Everyone has feelings; feelings are expressed through body movements; using alcohol or other drugs exaggerates feelings and body movements and causes accidents or injuries to yourself or others. AOD: 1, 3

LESSON DIRECTIONS: Prerequisite Skills—Students must know concepts of "find your own space," "move in your own space," and moving in "empty spaces," to avoid bumping into others.

Directions

Ask students to close their eyes and imagine something that would make them angry . . . then open eyes and use body movements to show that anger.

Do the same for other feelings and emotions, such as: joy, happiness, fear, sadness, laughter ("how can you show you are laughing without making any sound?"). (Hint: have students express feelings through nonlocomotor movements—staying in your own space—and then by using locomotor movements, too.)

Ask students to imagine how someone would act if they had too much alcohol to drink (beer, wine, or wine coolers). Have students share their perceptions. Bring out descriptive terms like hyper or bouncing all around, or staggering, or falling down, or unconscious. Then have students show these kinds of movements.

Do the same for a few other drugs, like taking too many pills, smoking marijuana, sniffing glue.

Bring students together into a circle. Discuss the kinds of accidents or injuries that could happen from the "too much" movements. Examples: lose your balance and fall . . . break bones . . . break neck . . . take chances . . . be careless . . . run into the street or road . . . get hit by a car . . . fall unconscious and nobody knows where you are until it's too late . . . hurt someone else because you are out of control . . . skateboard/bicycle accidents . . . fist fight.

LESSON #25
Physical Education

Time: 30 minutes

Follow-up: Have kids observe other kids (and adults, too) and notice dangerous situations from unsafe body movements. Discuss in class next time. Language arts—writing activity.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Need a multipurpose room, gym, or outdoor area. May use carpet squares, hula hoops, yarn, etc., to help students establish space.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #26

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Physical Education

LESSON OBJECTIVES:

Content Area: Throwing, catching, aiming. CCG: 1.2a

AOD Prevention: Making decisions. AOD: 7

LESSON DIRECTIONS: "Pick and Choose"

This game allows everyone to participate to the maximum of what they think they can do. You will need lots of used tennis balls.

Set three or four paper cores (or empty waste baskets) on a gym floor. Vary the placement and number of cores after you have tried the game a couple times.

The object of Pick and Choose is for a group (10-50) to try and throw as many tennis balls as possible into the cores during a two-minute time period. Each core has a different point value, with the closest core scoring one point, the second three points, the third five points, and the farthest nine points. The group is competing against itself in trying to score as high a point total as possible, either by shuffling thrower and retriever positions or making a decision as to which cores should be targeted.

The group must now decide who are going to be throwers and who are going to be retrievers. The throwers must remain behind the throwing line. The retrievers may stand any place they wish, but they may not "help" the balls into the cores; their job is simply to retrieve missed shots and get the balls back to the throwers as fast as possible. Once the clock starts the throwers and retrievers may not exchange positions.

This is a decision-making game and should be played more than once so that the players can attempt to change their tactics and positions. Resist the temptation to make suggestions and let the action flow.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Tennis balls, 4-6 empty waste baskets or paper cores, multipurpose room or gym.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE: ***Silver Bullet***, Karl Rohnke.

LESSON #27

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Physical Education

LESSON OBJECTIVES:

Content Area: Kicking skills, teamwork, cooperation, communication. CCG: 3.1

AOD Prevention: Communication skills. AOD: 9

LESSON DIRECTIONS: Have kids wear tennis shoes for safety.

Have kids "buddy up" (partners).

See explanation of game (next page).

Change partners two or three times during the play period so kids have the experience of learning to communicate with someone new.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Partially deflated soccer balls (or large Nerf balls), multipurpose room or gym, blindfolds for one-half the class (group).

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## BLINDFOLD SOCCER

Looking for a game that blends cooperation, trust, and communication?—Here 'tis.

Each team (two teams) tries to kick a ball past the end zones; no goal markers, just the line marking the end zone. A kick over the line scores a goal.

Divide the group into two equal teams (equal means numbers in this case because there's not much skill involved in sightless games). Each team divides into pairs and one member of each team puts on a blindfold.

Soccer rules act as a guide to establish parameters of play, but skills such as heading the ball, passing, trapping, are impractical at best. At this pre-game juncture, allow the pairs some practice time in "getting their act together." Let the sighted leader try leading by attempting to verbally guide his/her blindfolded partner around the field.

Game Time! Have both teams line up at opposite ends of the field. The action begins as a referee throws or kicks both balls onto the field in as neutral a manner as possible. Slightly deflated soccer-sized balls are used to reduce the distance a ball travels if kicked solidly.

### RULES:

1. Only the blindfolded member of the pair can make physical contact with the ball. The sighted member can only offer verbal directions.
2. Members of the pair or groups of pairs are not allowed to purposefully touch one another. Normal game contact is OK as long as the touching is not of a directional type; i.e., pushing a blindfolded player toward the ball.
3. There are no goalies. This rule will make sense once the action begins.
4. If a ball is kicked beyond the sidelines, a referee will kick the ball back into play.
5. Do not allow and constantly warn against high kicks. No one knows when a kick is coming, so encourage a side-of-the-foot putting movement. Limiting high kicks is essential to safe play. If the players do not comply, stop the game; someone will get hurt otherwise.
6. Heavy boots are not allowed as instruments of shin destruction.

### CONSIDERATIONS:

1. There are two balls in play, which means that either ball can produce a goal. If the group is particularly large, use 3 balls as this tends to keep the players separated.
2. After one sightless group has stumbled around the field for a few minutes (or after a goal is scored) ask the players to trade roles. Give the new pair a chance to try out their command/reaction functions before starting again.
3. Teach the "bumpers up" position so that the blindfolded players have protection for the upper ventral part of their body. It's hands and arms up so that palms are forward and at about face height. Keep reminding the "blind" players to maintain this position.

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Science/Language Arts

LESSON OBJECTIVES:

Content Area: Poisonous substances. Reading labels. Alphabetical order. CCG: 2.1/1.4, 2.5

AOD Prevention: Identify poisonous substances; explain why it is important to know what you're putting into your body; understand the symbolism of "Mr. Yuk." AOD: 4

LESSON DIRECTIONS: Write the word "poison" on board, chart, or overhead and define the word as something that can make a person ill. Nonpoisonous items will then be defined as items taken into the body as food. Brainstorm list and have items as examples for visual clues. Different children will place Mr. Yuk stickers on the poison substance containers as they are identified.

Give each student a handout to fill out. The large group activity will be to identify and write the items as poisonous or nonpoisonous under the appropriate headings.

When the classifying lesson is finished, the teacher will ask the students to put each set of words in alphabetical order.

Time:

Follow-up: A handout like the one done in class could be sent home for a discussion with parents; also labeling of poisonous substances at home with Mr. Yuk stickers. The next day review in class.

Lesson on packaging of poisonous materials in the home. Have students write to manufacturers to promote safe and alternative packaging for poisonous items in the home.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheets, pencils, 10-12 items of food or poisonous substances from home, Mr. Yuk stickers.

TEACHER PREP: Bring in 10-12 items (some food, some poisons) from home and put them on a table in front of the class.

TEACHER BACKGROUND: Definition of poisonous substance.

SOURCE: Mr. Yuk, Poison Control Center.

LESSON #28a
Science/Language Arts

Name ______________________________ Date ____________________

POISONOUS

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

POISONOUS

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

NOT POISONOUS

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

NOT POISONOUS

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

LESSON #29

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Advertising sells products and sometimes products are made to sound or look better than they are. CCG: 8.1

AOD Prevention: Media and advertising. AOD: 9

LESSON DIRECTIONS: Divide students into groups of three or four. Have each group think of a new toy, cereal, or candy and to think of a name for it.

Tell the students that when new products are created, companies hire advertisers to sell the product. It is the job of the advertisers to create ads so that children will want the product and buy it.

Ask each small group to create a television ad to sell their product.

Have the groups present their ads to the class.

When each group has given its presentation, ask students if everything they said was completely true. Stress that new toys or candy may make children feel happy for a moment, but that the happiness will probably not last.

Time:

Follow-up: Class may make a rating scale to determine the safety rating on the item.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Paper (optional), crayons, scissors, and glue.

TEACHER PREP: Prepare kits, have a video camera to tape skits.

TEACHER BACKGROUND:

SOURCE:

LESSON #30

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 2-3 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: Community helpers. CCG: 8.1

AOD Prevention: Medicine. The student will be able to orally describe a way to learn about medicines. AOD: 4

LESSON DIRECTIONS: "Asking for Help" stresses the importance of asking questions to learn about medicines. In the lesson doctors, nurses, teachers, parents, other adult family members and pharmacists are identified as people who help students learn about medicine.

The teacher will invite one more community helpers for a class discussion.

The teacher will write the words pharmacist and the community helper name on chalkboard and pronounce aloud. Explain that a pharmacist is a person trained to prepare medicines and may work in a drugstore, hospital, grocery store, or a pharmacy. The class will learn about medicines and their safe uses.

The teacher will facilitate a class discussion with the community helper. If a pharmacist is the speaker have him/her explain what a pharmacist does, prescriptions, who can write them and for what purpose.

The children will do a word hunt, finding and circling words of persons who could help them learn about medicines. (See attached worksheet.)

The students will review what they have learned (who can help them about medicines). (They must not be afraid to ask questions or for help when learning about medicines, because the more they learn the better able they will be about taking care of their health.)

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

Name ______________________ Date ______________________

Look at the words in the box. Find the words in the word-hunt puzzle below and circle them.

- pharmacist
- uncle
- grandmother
- nurse
- aunt
- teacher
- mom
- doctor
- dad
- grandfather

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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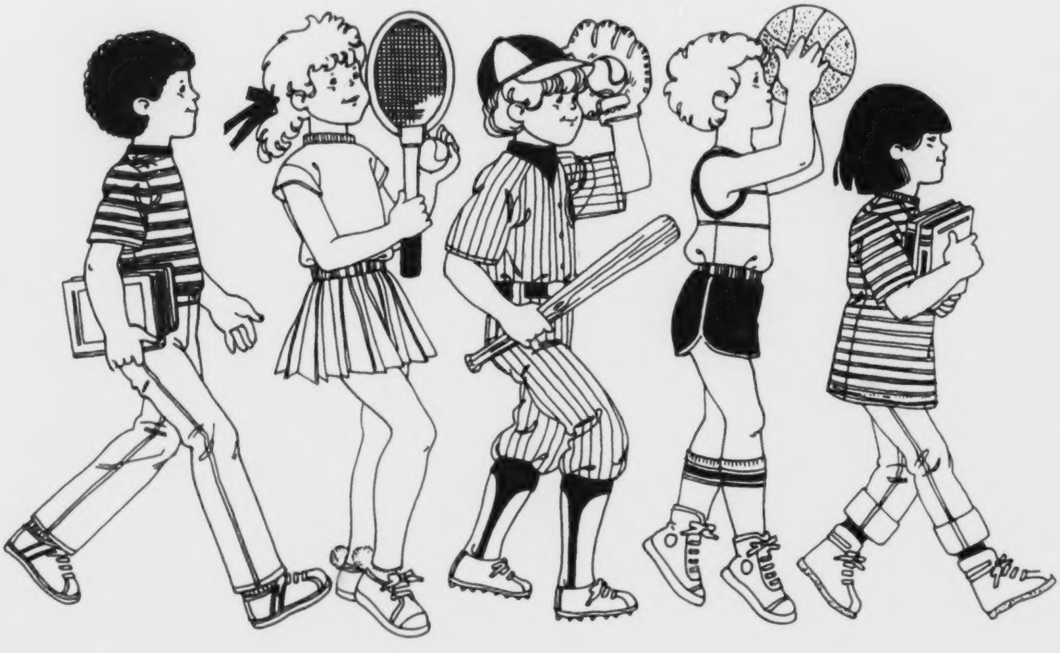
| r | o | u | x | d | o | c | t | o | r | l | p | z | c |
| a | l | n | v | y | m | t | q | u | p | o | r | e | s |
| n | v | t | w | e | l | c | p | t | s | i | u | n | o |
| d | e | p | o | b | w | x | o | b | a | u | n | e | v |
| f | l | z | b | k | o | d | a | d | i | z | c | o | q |
| a | b | c | d | e | f | g | h | i | j | k | l | m | n |
| t | e | a | c | h | e | r | o | j | e | p | e | f | h |
| h | o | v | t | w | x | y | z | u | n | u | r | s | e |
| e | f | g | h | i | j | k | l | m | n | o | p | q | r |
| r | p | h | a | r | m | a | c | i | s | t | b | i | m |



GRADES 4-5

BEST COPY AVAILABLE

# INTRODUCTION

**Background for Teachers** **Grades 4-5 (ages 8-11)**

Children in grades 4-5 are at the height of a positive time in their development. By age 9 or so, the rate at which children develop physically has slowed and will remain fairly stable until the onset of puberty. With less of their energy going to physical development, children are able to focus more on intellectual, emotional, and social development.

During these years, children want to learn, and they want to develop their minds and personalities. Children in grades 4-5 like to learn. They have an idea of what education is all about, and they know how to learn. As long as they have not had too much criticism or too many poor grades, they still like school and enjoy the learning process. Working with children of these ages can be exciting, rewarding, and challenging.

During this period, children who are at risk for drug use become more aware of difficult home and family situations. They begin to experience feelings of low self-worth; they show signs of inadequate preparation to handle school expectations; and they may begin to believe that school is not for them. This belief arises from having experienced too many failures and poor evaluations.

Toward the end of this period, children begin to make conscious decisions about their life, including decisions about whether to continue their education. Some will begin making a decision not to continue schooling, opting instead for a path that they think will require less effort and more immediate reward. This is a critical time relative to decisions about the future. Teachers and other adults need to be aware that children are extremely vulnerable at these ages. Children with problems are easy prey to the lure of drug selling and use, which provide satisfaction in the form of a "quick fix" of money, status, or temporary escape from problems in their lives.

Although most children at this age level are not at great risk for drug use, school administrators and teachers must consider their school's student population and try to reach those students who may be at risk. Having identified these children, administrators and teachers can try to help them develop positive beliefs in themselves before they choose a path that does not include education.

There are, of course, other considerations regarding children in this age group. For example, they are beginning a process of becoming independent which continues through adolescence. Although most children are still close to their families, they increasingly seek to make choices on their own and to spend more time with their friends and less time with their families.

At ages 9-12, children want to develop relationships with people their own age. These relationships range from developing close friendships to belonging to groups and teams whose membership generally is limited to the same sex and age. The behavior springs from a need to be able to function independently from their family and to be accepted within a group.

During this period, children begin to dress alike and to create cliques, jokes, and code words in an attempt to belong. Children do not forget about their families, but increasingly they look to their families primarily for protection, such as during a crisis, or for resources, such as money. As difficult as these efforts to be independent might be for families, it is important to work at keeping communication channels open. If children cannot communicate easily with their families during this period, poor communications will become even more of a problem during adolescence, and poor communication with family during adolescence makes youths vulnerable to the influence of their peers, whose behavior may include drug use.

It is important that adults who work with children in grades 4-5 do the following:

- Help children develop skills to lead healthy, productive lives.
- Help children develop an orientation for the future which includes continuing their education and being responsible for themselves and others.
- Help children learn to deal effectively with peers and the pressures they exert.
- Help children develop friendships that are rewarding and encourage individual growth.
- Help children develop strategies to deal with rejection, frustration, disappointment, and failure.
- Teach about drugs individually and help children build concrete reasons to say no to each one.

Children in this age group like to discover things, whether by exploring on a nature walk or reading a book. Learning activities and materials consequently should emphasize exploration. They enjoy learning about how the human body works, for example, and what influence a specific drug might have on the normal functioning of the body. Increasingly they are able to handle complex ideas and will not be satisfied with a simple answer.

At this stage in their development, children are aware that there are many sources of information, some of them contradictory. They need help in learning how to decide what to believe and what to do about "gray" areas of right and wrong.

Children of these ages are collectors. Their collections often take a new direction: Rather than collecting dolls and trucks, they collect posters, bottle caps, records, baseball cards, and other items. Although these collections vary, they often have in common implicit messages of which adults need to be aware. A collection of certain bottles or bottle caps, for example, can encourage a familiarity with alcohol. Collecting records or tapes often introduces children to words and ideas they might not understand, which can cause confusion and stress. Adults should be aware of children's collecting activities so they can help them separate fact from fantasy and assess the credibility of messages.

It's easy for adults to get the wrong impression of children's maturity level at these ages, because many children seem so independent, they dress like older youths, and they may have grown-up thinking skills and vocabulary. In fact, these children still get frightened by scary movies, still need a lot of sleep to make it through the school day, and still need short-term assignments with plenty of reminders about when an assignment is due. They also still need and want to be held and cuddled, and to be assured that a trusted adult will be there to protect them, even if their general environment is threatening. They sometimes still need to hold the hand of someone they trust.

At this period in their lives, children usually believe drugs and drug use are wrong, but they are increasingly aware of drugs and need information about drugs. This knowledge will help them deal with conflict they may feel because of their now highly developed sense of right and wrong. Because most of them still believe that whatever an adult tells them is the truth, they tend to be very vulnerable, and they may become subject to a variety of abuses, including using or selling drugs given to them by adults.

Moral choices can pose serious dilemmas for children. Such a dilemma is a situation involving adults who are engaged in illegal or harmful activities, and children have to decide whether to go along with them. If children are to continue to believe that drugs are wrong, they need to explore the reasons why in depth. Only then can they begin to make informed decisions about rejecting drugs.

Adults continually and consistently need to assess their expectations of children in grades 4-5. For example, children should be challenged to stretch their intellectual limits, but should not be pushed too hard or allowed to function at a lower level than their physical, social, intellectual, and emotional maturity allows. During this period, children need adults who provide steady guidance and supervision and who set good examples for learning, problem solving, decision making, and assuming personal and civic responsibility.

Children in grades 4-5 increasingly may be exposed to alcohol, tobacco, and other drugs and some may begin to use them. They need more detailed information about these substances and stronger motivation to avoid them. This is a particularly critical time because the younger children are when they try drugs, the more likely they are to become chronic users. Drug prevention education should focus on:

- developing life skills such as resisting peer pressure;
- communicating with adults (including families);
- seeking help with problems;
- helping others; and
- accepting personal and civic responsibility.

At these ages, children like order and rules, but to follow rules, they need to know how the rules work and why they were established. Children will inevitably make their own choices, and it is important that these choices be based on family and community standards, knowledge of the facts, and respect for law.

### Concern about drugs

The first temptation to use drugs may come in social situations in which children feel pressure to act grown-up. Because they want to be older than they are, some children imitate the behavior of adults and older siblings, including smoking and drinking.

The National Adolescent School Health Survey, conducted in the fall of 1987 by the National Institute on Drug Abuse among 11,000 8th and 10th graders, showed that:

- 72 percent of 8th graders and 41 percent of 10th graders who reported trying cigarettes had tried them by grade 6.
- Of the 77 percent of 8th graders who had tried alcohol, 55 percent said they first tried it by grade 6.
- Of the 15 percent of 8th graders who had tried marijuana, 44 percent had first tried it by grade 6.
- Of the 21 percent of students in both grades who had tried inhalants, 61 percent of 8th graders had tried them by grade 6.

A 1987 *Weekly Reader* survey found that television and movies had the greatest influence on 4th-6th graders in making alcohol and other drugs seem attractive. Other children were the second greatest influence. The survey revealed that children in grades 4-6:

- think the most important reason for using alcohol and marijuana is to "fit in with others," followed closely by the desire to "feel older."

- may have incomplete or inaccurate information; only 44 percent of 6th graders polled think alcohol should be called a drug.

For the first time, children are aware that some problems may require professional help; they consequently need to know where to get help. Educators should make available resource lists of professionals and agencies, such as school counselors, health clinics, drug intervention programs, suicide hot-lines, and family counseling services. Inviting physicians, counselors, or other professionals trained in dealing with alcohol and other drug problems to talk with students can reinforce the lesson.

Because children are aware of drugs and may begin to use them, they should know about the link between drugs and AIDS. Education to prevent the spread of AIDS should be a part of a comprehensive health education program in schools.

### Information about drugs

Children in grades 4-5 need to know:

- how to identify alcohol, tobacco, marijuana, cocaine, inhalants, hallucinogens, and stimulants in their various forms;
- that use of alcohol, tobacco, and other drugs is illegal at their age;
- that laws about drug use and sales are designed to protect people;
- about addiction and how addiction affects individuals and their families;
- that smokeless tobacco and wine coolers are drugs that are both harmful and illegal for them;
- how and why the effects of drugs vary from person to person, especially immediately after use;
- how drugs affect different parts of the body, and why drugs are dangerous for growing bodies and developing minds;
- how drugs interfere with the performance of physical and intellectual tasks; and
- how social influences such as media advertising, peer pressure, family influences, and community standards may promote drug use.

### Drug prevention education

Drug prevention lessons and activities in grades 4-5 should:

- focus on the drugs children are apt to use first—tobacco, alcohol, and marijuana;
- encourage open and frank discussions of concerns about drugs and drug use;
- focus on life skills such as problem solving, resisting peer pressure, developing friendships, and coping with stress;
- not glamorize drug use through accepting the drug-using behavior of some folk heroes such as musicians, actors, or athletes;

- emphasize that most people, including the vast majority of people their own age, do not use drugs;
- emphasize the development of personal and civic responsibility;
- emphasize the development of self-esteem; and
- emphasize the development of healthy leisure activities, such as sports, music, art, clubs, volunteering.

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## Background

Most parents of children in grades 4-5 are very involved in their children's development. Increasingly during this period, however, they must become accustomed to the idea that their children are becoming more independent and are spending more time with others. Children's desire to be separated from their family and their desire to belong to groups means that they increasingly are under the influence of others—both adults and peers.

Parents of children these ages who participate in programs such as the Boy Scouts, Girl Scouts, competitive sports teams, and overnight camping need to know the adults in charge. They also need to know these adults' attitudes about participation, evaluation, criticism, and winning. The best way for parents to know these things is to be involved directly with these programs and to communicate regularly with the adults in charge and with the parents of other children in the programs.

Children in grades 4-5 are making some serious decisions about their commitment to education. They are assessing how school is working for them, how successful they are in school, and how able they seem to be to develop new skills and understand new concepts. The result is that they may be beginning to believe school is not for them. Parents might need help understanding this, especially if they are inclined to pressure their child for good grades or to become impatient if their child is not doing well at school work they might consider easy. Teachers can help by explaining why this is such a critical stage in development.

Many parents of children in grades 4-5 do not believe their children could be using drugs. They believe their children know little about drugs, and some might even believe that their children are too young for drug prevention education. Consequently, educators sometimes become responsible for teaching parents about the drug risks their children face. For example, some parents might not know that tobacco is a "gateway" drug that research has strongly linked to more serious drug use when children use it at an early age, and that both smoking tobacco and chewing tobacco can be obtained easily by children. Some parents might not realize that older children within this age group might be invited to parties that are not supervised by adults and at which alcohol and other drugs could be available. Many parents need to be informed about such possibilities, and they need information about drugs, names of drugs, and how they are obtained.

Children in grades 4-5 still want to have their parents involved in their lives. The opportunities for parents to become strong allies in preventing drug use are enhanced if schools consider the following in working with parents:

- Parents might need information about alcohol and other drugs and the signs of their use.
- Parents should be informed about drug prevention programs in which their children are involved.
- Some parents might need reminders about the importance of supporting their children's efforts with fair, appropriate judgment.
- Parents might need encouragement in giving their children increasing amounts of freedom while also remaining important sources of values, information, and support.

- Parents might need reminders that children should not be left unsupervised; they continue to need child care before and after school and when parents aren't home.
- Parents should be encouraged to keep lines of communication open and to allow children to ask any question.
- Parents should be reminded of the importance of knowing who their children are with at all times, who is in charge, who their friends are, and who the parents of their friends are.
- Parents should know that children with friends who use alcohol and other drugs run a high risk themselves of becoming users of alcohol and other drugs.

**Suggestions for involving parents**

To enhance parental involvement in drug prevention, consider doing the following activities:

- Inform parents about drug use which occurs during unsupervised times at home.
- Send parents a regular newsletter describing and updating curriculum efforts, including those related to drug prevention.
- Encourage the local parent-school organization to conduct a program for parents on alcohol and other drug prevention education.
- Invite parents to visit their children's classrooms and to participate in school activities so that they will know what their children are learning.
- Send parents information on drugs and ways in which they are used.
- Send parents lists of local sources of information and local treatment programs for drug abuse.

Children in grades 4-5 have an interest in organized sports and other activities that provides opportunities for the community to observe them growing and changing. Because they have more freedom and increasingly want to be with their friends and away from their families, they are visible at malls, at movies, and in parks and other public places. They are more docile than youths a bit older, so they generally are not perceived as making trouble for the community. However, adults in the community may overlook the possibility that these youths are getting into trouble because of the influence of older, perhaps drug using youths.

Communities need to be aware of the dangers of drug use to children in grades 4-5. While most children are not using drugs, they are vulnerable to trying "gateway" drugs and increasingly are influenced by peers, older siblings, and even some adults.

As educators of these children, school administrators and teachers have influence well beyond the classroom. Educators know children and children's needs and can speak powerfully on their behalf. Educators' knowledge and influence can be very persuasive in soliciting community support for drug prevention efforts.

Involving the community requires determining specific ways in which the local police, religious leaders, health and social service agencies, the news media, business leaders, merchants, park and recreation officials, planners, and other community leaders can join together with the schools to help keep children off drugs.

School administrators and teachers can suggest that the community involve itself in drug prevention efforts in the following ways:

- Organize a task force or coalition of groups and individuals in the community committed to helping prevent drug use.
- Address local access to tobacco products and alcohol by minors (vending machines and stores).
- Provide day care, including before and after-school care.
- Ask local businesses, employers, civic groups, and others to provide or to help fund adequate recreation facilities and supervision for those facilities.
- Ask local businesses, employers, and others to provide or help fund alcohol and other drug recovery programs.
- Ensure that sidewalks and streets around school buildings are safe and in repair.
- Encourage the establishment of Block Parent and Helping Hand programs so children feel secure going to school.
- Maintain and beautify school recreational facilities, including playgrounds.
- Encourage private sector support for special programs, field trips, and extra resources for school texts, materials, and teacher recognition programs.

- Encourage local newspaper, television, and radio coverage to cover positive news about children in grades 4-5.
- Ask community leaders such as police officers, fire fighters, recreation officials, and others to speak to 4-5 classes about the importance of remaining free of alcohol and other drugs and of being good, positive models for younger children.
- Provide opportunities for children to help others (examples: rake leaves, shovel snow, help care for younger children, run errands for elderly neighbors).
- Support fund-raising drives sponsored by the school or youth groups such as Boy Scouts and Girl Scouts.
- Provide private-sector support of athletic and academic teams.
- Send a newsletter to parents and community leaders informing them of accomplishments and community involvement of students in grades 4-5.
- Enforce laws and regulations designed to protect children (examples: no selling tobacco or alcohol to minors; no admittance to adult movies; no sale of adult magazines).
- Screen carefully all adults who work with children.

## GRADES 4-5

| SUBJECT | LSN NO. | CONTENT | AOD NO. | CCGs | SUBJECT INFUSION |
|---|---|---|---|---|---|
| Health | 1 | Self-Awareness | 1, 2 | 2.0 | |
| Language Arts | 2 | Compare/Contrast | 1, 6, 8 | 1.5 | |
| | 3 | Written Communication | 1, 6 | 2.5 | Art |
| | 4 | Oral Communication | 1-3, 6-8 | 2.6 | |
| | 5 | Written Communication | 1-8 | 2.5 | Art |
| | 6 | Fact and Fantasy | 2, 4, 5, 7 | 1.3 | |
| Math | 7 | Basic Operations | 1, 6, 8 | 2.1 | |
| | 8 | Problem Solving | 2-4 | 3.1 | |
| Music | 9 | Creating Music | 1, 6, 8 | 4.0 | |
| Physical Educ | 10 | Teamwork | 1, 6, 8 | 3.1 | |
| | 11 | Movement | 1, 8 | 1.0 | Music |
| Science | 12 | Community Prey/Predator | 2-4, 7 | 1.12 | Language Arts |
| | 13 | Human Body/Lungs | 2-4, 7 | 1.5 | Health |
| | 14 | Body System | 3, 4 | 1.14 | |
| | 15 | Classification | 2-4 | 2.6 | Math |
| Social Studies | 16 | Social/Cultural Bonding | 1, 6, 8 | 5.4 | Art |
| | 17 | Current Events | 2-4, 9, 10 | 6.1 | Vocational Educ/Art |
| | 18 | Drug-Related Accidents | 2-4, 6, 7, 10 | 3.0 | Health |

LESSON #1

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Interrelationships of strands: managing stressors, total fitness, and safe living are interwoven; family health depends on health of individuals in the family. CCG: 2.0

AOD Prevention: Awareness of self and feelings about family activities. AOD: 1, 2

LESSON DIRECTIONS: Discuss the meaning of the word "family" (the group of people with whom you live).

List all the different kinds of families on the board, such as:

- Single parent.
- Two parent.
- Parents and grandparents (extended).
- Step-parents.
- Foster parents.

Have the students name some things that family members do for each other. Ask why families are important. List responses on the board.

Have students make a list called "My Jobs." Instruct them to include all the responsibilities and duties they have at home.

Display the lists on a bulletin board titled "Doing My Part in the Family." If possible, make a copy of each student's list for him or her to take home and share with parents.

Have students complete the "All About My Family" worksheet. Students may share answers with the class or take the worksheet home to share with their parents.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "All About My Family."

TEACHER PREP:

LESSON 1
Health

TEACHER BACKGROUND: This lesson may be a sensitive one for some children. For example, children may come from homes currently going through separation/divorce, custody dispute, changes in foster home setting or other upsetting situations. For these students, a discussion with the school counselor about the situation would probably be in order.

SOURCE:

LESSON #1a
Health

Name ______________________________ Date ____________________

## All About My Family

The people in my family are:

Each person in my family is special. Here's what is special about each member of my family:

My favorite activity that my family does together is:

My responsibilities in my family are:

The responsibilities of my parents in my family are:

I am a special member of my family because:

LESSON #2

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Identifying characteristics of similarity and difference; writing skills. CCG: 1.5

AOD Prevention: Self-awareness; personal uniqueness. AOD: 1, 6, 8

LESSON DIRECTIONS: Discuss the importance of accepting yourself as you are. Give some examples of things we can change. Give some examples of things we cannot change. Then tell the students they are going to play "The Friend Game."

Pass around a box containing either pebbles, acorns, buttons, beans, or other items that are each slightly different. Have each student pick one item from the box.

Ask students to pretend that their object is a person. Have them give the object a name and write a short biography (a paragraph or two) about their new "friend" (name, age, birthplace, likes, dislikes).

Have students get in pairs and introduce their new friends to each other. Then ask each pair of students to list on the board some ways that their "friends" are alike and ways that they are different.

Place all the students' items in a sack. Shake the sack and empty it onto a table. Ask students to identify and claim their new "friends."

Explain that even though their items are all basically the same, they are each unique, just as people are.

Have students write a paragraph beginning with this sentence:

Together, all our friends can support each other
OR
United, all our friends can work together

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

LESSON #2
Language Arts

MATERIALS NEEDED: Cardboard box, shoe box or similar size, several different objects to put in it, pebbles, acorns, buttons, beans, large paper sack, writing paper, pen or pencil.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #3

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Language Arts/Art

LESSON OBJECTIVES:

Content Area: Writing skills; effective communication. CCG: 2.5

AOD Prevention: Self-awareness; personal uniqueness; using alcohol or other drugs can effect self-concept. AOD: 1, 6

LESSON DIRECTIONS: Explain the meaning of the words "biography" and "autobiography." Show examples of biographies from the library.

Ask students to write an autobiography that includes the following information about themselves:

- A description of their appearance (as though the reader has never seen them before).
- Their likes, dislikes, hobbies, activities, and things they do well.
- Some interesting things that have happened to them.

Have students complete the worksheet "All About Me" to prepare them for writing their own autobiography. Some children may have trouble writing about themselves and this will help get them started.

Ask students how it feels to write about themselves in this worksheet. Explain that talking and writing about ourselves can help us see who we really are and be proud of the things that make us unique and special.

Point out that sometimes people find it hard to see the good in themselves. This is especially true when a person drinks alcohol, or uses tobacco, or other drugs. This happens because the drugs cause a person's real feelings to be covered up. Emphasize that using drugs is very harmful and dangerous, especially for young people.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "All About Me," construction paper for self-portrait, camera (optional).

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #3a
Language Arts/Art

Name ______________________________ Date ____________________

## All About Me

| | |
|---|---|
| My favorite memory is: | Three things that scare me are: |
| The place I feel happiest is: | My favorite saying is: |
| People like me because: | I am very proud of: |
| My goal for the future is: | A funny thing I have done is: |

LESSON #4

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Oral communication, problem solving. CCG: 2.6

AOD Prevention: Identifying risk factors; identifying situations in which likely to use drugs/alcohol; identifying ways to reduce risks in those situations. AOD: 1, 2, 3, 5, 6, 7, 8, 9

LESSON DIRECTIONS: Brainstorm why people take drugs. Brainstorm ways to satisfy needs without using drugs; list them on the board. Discuss these reasons in class.

Have students write a card relating a risk factor situation. Then, on the other side of the card, have them choose a risk reducer—a way to handle that situation without drugs or alcohol.

Closure: list three risk factors. List three risk reducers.

Time:

Follow-up: Identify "celebrities" with drug and alcohol problems. Can you identify the risk factors?

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Butcher paper with six risk factors, cards, situations with risk factors.

TEACHER PREP:

TEACHER BACKGROUND: Possible Situations

1. Being home alone with your friends.
2. Boredom.
3. Advertisements for alcohol, tobacco (too much TV).
4. 900 numbers (advertisements).
5. Parties (unsupervised, and supervised but without rules).
6. Availability of tobacco and alcohol in the home.

SOURCE:

LESSON #4a
Language Arts

## RISK FACTORS FOR TEENAGE DRUG ABUSE: THE KEYS TO PREVENTION

Just as medical researchers have found risk factors for heart attacks (i.e., a diet high in fats, lack of exercise, and smoking), our research has defined a set of risk factors for teenage drug abuse. The more risk factors present, the greater the chances that a young person will develop a drug problem.

What are the Risk Factors for Teenage Drug Abuse?

### 1. Family History of Alcoholism

When children are born to or raised by an alcoholic parent, their risk of abusing drugs is increased. For boys, this increased risk is a result of both genetic and environmental factors. Sons of alcoholic fathers are up to four times more likely to abuse alcohol than boys without an alcoholic father, even if not raised by that father. For both boys and girls, alcoholic parents provide a powerful role model for drinking that influences children's behavior.

### 2. Family Management Problems

Poor family management practices increase the risk that children will abuse drugs. Research has shown that in families where expectations are unclear or inconsistent, where there is poor monitoring of children's whereabouts and behavior, where children are seldom praised for doing well, and where punishment is inconsistent or excessive, there is greater risk that children will develop drug abuse problems.

Children who grow up in homes where rules are not clearly stated and enforced have difficulty knowing what is expected of them. If they are not consistently recognized for their positive efforts and for doing well, then children fail to learn that their good behavior makes a difference. Similarly, if they are not consistently and appropriately disciplined for breaking family rules, they don't experience the security of knowing right from wrong and are less likely to develop their own good judgment.

Bonding to families and attachment to parents have been shown to be negatively related to drug use. In order to make good decisions about their behavior, children need clear guidelines for acceptable and unacceptable behavior from their family. Basic skills, consistent support and recognition for acceptable behaviors as well as consistent and appropriate punishment for unacceptable behaviors are crucial. They also need to know that their parents care enough to monitor their behavior so that rewards and consequences are applied fairly.

### 3. Parental Drug Use and Positive Attitudes Towards Use

If family members use illegal drugs around children, if there is heavy recreational drinking in the home, or if adults in the family involve their children in their drinking or other drug use, such as asking a child to get a beer or light a cigarette, the children have an increased risk of developing problems with alcohol or other drugs.

Parents' attitudes about teenagers' use of alcohol seem to influence their children's use of other drugs as well. A survey of 9th grade children in King County, Washington, showed that those children whose parents approved of teenage drinking under parental supervision were more likely to have used and to be using marijuana in 9th grade than were children of parents who disapproved of supervised teenage drinking at home. Parental approval of children's moderate drinking, even under parental supervision, appeared to increase the risk of children's use of marijuana.

### 4. Early Conduct Problems

A relationship has been found between male aggressiveness in kindergarten through 2nd grade and delinquency and teenage drug abuse. The risk is especially significant when this aggressiveness is coupled with shyness and withdrawal. About 40 percent of boys with serious aggressive behavior problems in early elementary grades will develop delinquency and drug problems as teenagers.

### 5. Academic Failure (beginning in mid to late elementary school)

Children who do poorly in school beginning in approximately the 4th grade have an increased risk of abusing drugs. Children who fail in school for whatever reason—boredom, lack of ability, a mismatch with a poorly skilled teacher—are more likely to experiment early with drugs and to become regular users of drugs in adolescence.

### 6. Little Commitment to School

Children who are not bonded to school for whatever reason are more likely to engage in drug use. The annual surveys of high school seniors by Johnston, Bachman and O'Malley show that the use of strong drugs like cocaine, stimulants, and hallucinogens remains significantly lower among high school students who expect to go to college. Drug users are more likely to be absent from school, to cut classes, and to perform poorly than non-users. Factors such as how much students like school, time spent on homework, and perception of the relevance of course work are also related to levels of drug use.

### 7. Antisocial Behavior in Early Adolescence

This risk factor includes a wide variety of antisocial behaviors including school misbehavior and a low sense of social responsibility. Fighting, skipping school, and general aggressiveness have been shown to be related to drug abuse.

### 8. Friends Who Use Drugs

Association with drug-using friends during adolescence is among the strongest predictors of adolescent drug use. The evidence is clear that initiation into drug use happens most frequently through the influence of close friends rather than from drug offers from strangers. This means that even children who grow up without other risk factors but who associate with children who use drugs are at an increased risk for drug use and developing problems with drugs. This risk factor underscores the power of peer influence on teenagers.

### 9. Alienation, Rebelliousness, Lack of Social Bonding

In middle or junior high school, those students who rebel against authority, particularly their parents and school officials, tend to be at higher risk for drug abuse than those who are bonded to the primary social groups such as family, school, church, and community.

### 10. Favorable Attitudes Toward Drug Use

Children in late elementary school often have very strong negative feelings against drugs. Yet by the time these children enter junior high school, they may begin associating with peers who use drugs, and their attitudes can quickly change. This shift in attitude often comes just before children begin to experiment with alcohol or other drugs. Research has shown that initiation into the use of substances is preceded by values favorable to substance use.

### 11. Early Drug Use

Early onset of drug use predicts subsequent misuse of drugs. The earlier the onset of drug use, the greater the probability of the individual's involvement in other drug use, the frequency of use, and their involvement in deviant activities such as crime and selling drugs. Children who begin to use drugs before age 15 are twice as likely to develop problems with drugs than are children who wait until they are older. Waiting until age 19 to try alcohol or other drugs dramatically decreases the risk of drug problems.

### 12. Community Laws and Norms Favorable Toward Drug Use

Communities with laws favorable to drug use, such as low drinking ages and low taxes on alcohol, have higher rates of alcohol-related traffic fatalities and deaths due to cirrhosis of the liver. The availability of alcohol and illegal drugs is associated with use. Research has shown that greater drug availability in schools increases the use of drugs beyond other risk characteristics of individuals. Community attitudes favorable toward teenage drug use increase the risk of drug abuse.

### 13. Availability of Drugs

The availability of drugs is dependent, in part, on the laws and norms of society. Nevertheless, as suggested by Watts and Rabow (1983), availability is a separable factor. Whether particular substances are legal or proscribed by law, their availability may vary with other factors. When alcohol is more available, the prevalence of drinking, the amount of alcohol consumed. and the heavy use of alcohol all increase (Gorsuch & Butler, 1976). Similarly, the availability of illegal drugs is associated with use.

### 14. Extreme Economic Deprivation

Poverty in and of itself is not a risk factor. However, children from families who experience social isolation, extreme poverty, and poor living conditions are at elevated risk of chronic drug abuse.

### 15. Low Neighborhood Attachment and Community Disorganization

Neighborhoods with a high population density, high rates of crime and lack of natural surveillance of public places have high rates of juvenile delinquency as well. Research has also found that attachment to neighborhood is a factor in inhibiting crime.

Studies have shown that neighborhood disorganization is a factor in the breakdown of the ability of traditional social units, such as families, to provide pro-social values to youth. When this occurs there is an increase in delinquency in these communities.

It is likely that disorganized communities have less ability to limit drug use among adolescents as well.

### 16. Transitions and Mobility

Transitions, such as those between elementary and middle or junior high school, and residential moves, are associated with increased rates of antisocial adolescent behavior—including rates of drug initiation and frequency of use.

**Knowing these risk factors can help us to prevent drug abuse before it occurs. By addressing factors associated with higher risk and increasing factors associated with low risk, we can decrease the chances that our children will develop problems with drugs.**

These factors are summarized from the following research articles written by members of the Social Development Research Group at the University of Washington School of Social Work, 146 N Canal Street, Suite 2111, Seattle, WA 98103:

Hawkins, J.D., Lishner, D.M., Catalano, R.F., and Howard, M.O. (1986). Childhood Predictors of Adolescent Substance Abuse: Toward an Empirically Grounded Theory, ***Journal of Children in Contemporary Society***, 8, 11-48.

Hawkins, J.D., Jenson, J.M., Catalano, R.F., and Lishner, D.M. (1988). Delinquency and Drug Abuse: Implications for Social Services. ***Social Service Review***, 62, 258-284.

## PROTECTIVE FACTORS

1. **Strengthen Children's Bonds** by providing opportunities, skills and rewards. All three need to be present to be effective.

2. **Reduce Risk Factors** in a way that strengthens bonding.

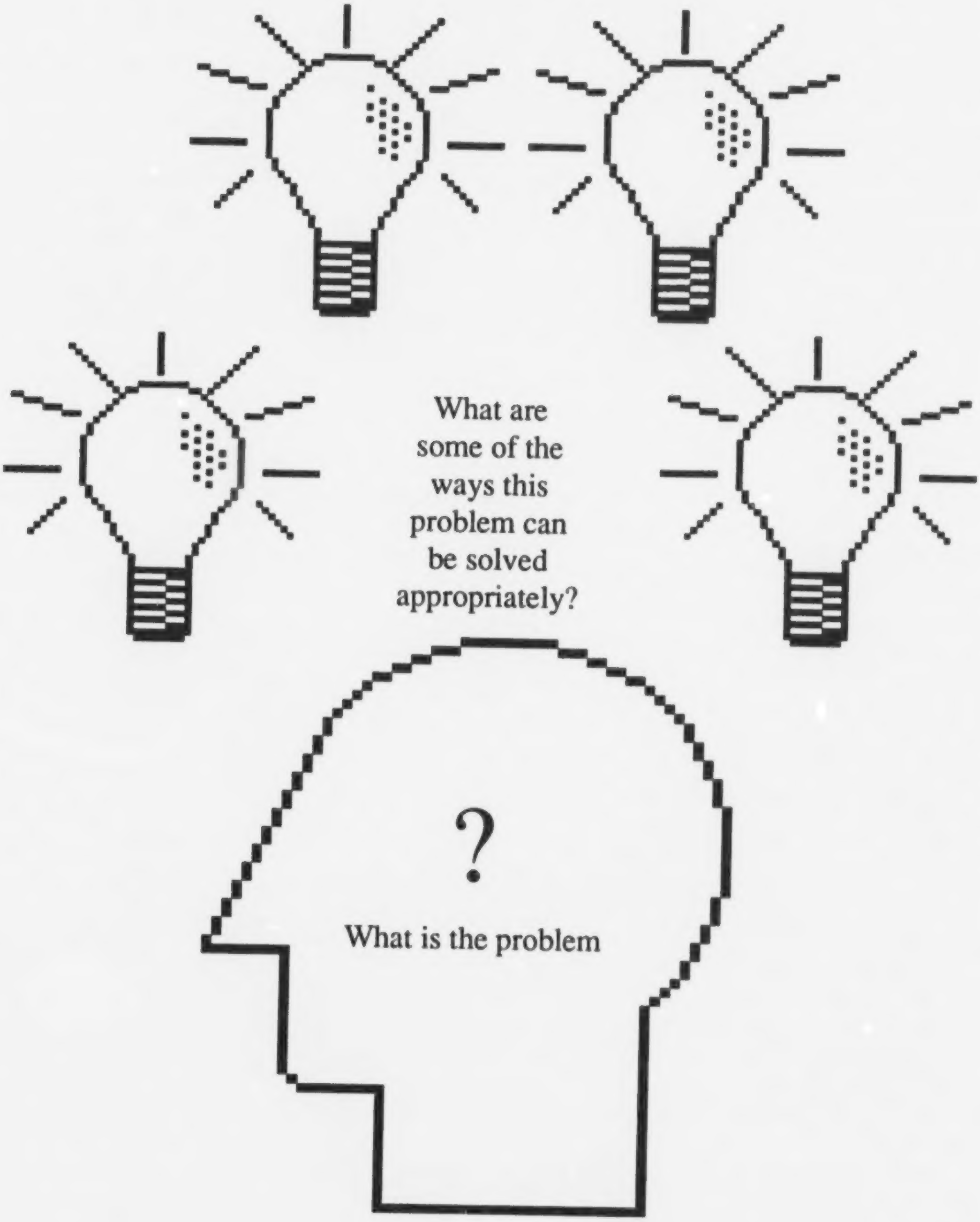
3. **Develop Anti-Drug** use norm consistency across families, schools, and communities.

4. **Teach Children the Skills** they need to be able to follow positive norms.

LESSON #4b
Language Arts

Name ______________________________ Date ____________________

## Solving Problems



What are
some of the
ways this
problem can
be solved
appropriately?

?

What is the problem

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Writing skills/art. CCG: 2.5

AOD Prevention: Enabling, denial, wellness. AOD: 1, 2, 3, 4, 5, 6, 7, 8, 9

LESSON DIRECTIONS: Prewriting

Lesson 1: Exchange ideas with students about dysfunctional families. Ideas that should be included are that children don't cause drug/alcohol abuse and violence in the home. As a child they cannot control their environment, but there are things they can do to care for themselves (15-minute discussion).

Rough Draft: Student will write ideas about responding to behavior they cannot control such as intoxication. What can they do to not be involved with the negative behavior? Students need to get their ideas on paper and should not be concerned with sentence structure, grammar, and spelling at this point (15 minutes).

Collect materials or ask students to put materials away.

Lesson 2: Editing and Revision—Teacher will demonstrate with a student's rough draft model, how to check for errors of composition (15 minutes).

Students will break into groups of two or three to find errors in composition (10 minutes).

Students will help each other add to their composition for a final copy (5-7 minutes).

Collect materials or ask students to put materials away.

Lesson 3: Final Copy—Students will reread their edited/revised copy for additions or deletions.

The students will copy compositions into final form.

Time:

Follow-up: Students may illustrate. Produce a book. Students may share their final work in groups.

LESSON #5
Language Arts

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Paper, pencil, illustration materials for a finished product.

TEACHER PREP: 30 minutes needed for three days.

TEACHER BACKGROUND:

SOURCE:

## FACT SHEET

### Chemical Dependency in the Family

### Family Stress

When a family member becomes a victim of alcoholism or another drug addiction, the rest of the family tends to react in predictable ways. They may move through any or all of the following stages:

### Stage 1: Denial

Family members deny there is a problem; nonetheless, they try to hide the problem from themselves and others. The family feels embarrassed and becomes concerned with its reputation. Family members accept the chemically dependent person's excuses for excessive drug behavior and make excuses themselves. Relationships in the family become strained, and members try to create the "perfect family" illusion.

### Stage 2: Home Treatment

Everyone tries to control the chemically dependent person's drug use in a variety of ways—eliminating the supply of drugs, nagging, threatening, etc. The family becomes socially isolated, and members feel themselves to blame. Low self-worth mounts as they fail to control the dependent family member.

### Stage 3: Chaos and Disorganization

A crisis occurs as a direct result of the dependent person's use of drugs, and the disease can no longer be denied or hidden. The family feels helpless, children become confused and frightened, family violence may occur, financial difficulties become pressing, and the family may seek outside help—with a desire for a "magic solution."

### Stage 4: Reorganization

The family attempts to reorganize by easing the dependent person out of her/his family role and responsibilities. The dependent person is either ignored or treated like a child, and other family members remain torn with conflicting emotions—love, fear, guilt, anger, shame, and resentment.

### Family Roles

Within this framework, family members—particularly children—develop certain roles which enable them to survive. Some of these roles are:

1. **Chief Enabler.** Chief enablers assume primary responsibility for protecting the chemically dependent person and the other family members from the harmful consequences of the addiction. Chief enabler behavior includes lying about work or school absenteeism, covering financial debts, and making excuses for inappropriate actions.

2. **Family Hero.** Family heroes assume responsibility for providing the family with self-worth. They often take on the role of family counselor, and are usually high achievers. Family heroes strive to be "A" students, participate in extracurricular activities, and appear to be extremely independent. Their feelings of low self-worth, fear, and loneliness conflict with their apparently successful behavior.

3. **Family Scapegoat.** Family scapegoats cannot compete with family heroes, so they try to get attention by becoming troublemakers. The family then often directs its hostilities toward the family scapegoat, thus diverting the attention away from the real problem of chemical dependence. Family scapegoats soon become estranged from their families, develop strong peer group attachments, and often become chemically dependent themselves.

4. **Lost Child.** Lost children try to escape the family's crisis by withdrawing. This withdrawal is often characterized by a retreat into a fantasy world of books or television. Family members appreciate the lost child, who doesn't cause any trouble; thus they reinforce the behavior. Lost children often become emotionally attached to a material possession that they can trust will always be there.

5. **Family Mascot.** Family mascots use humor and clowning to attract attention and also to distract the family from their problems. Family mascots can be hyperactive, and become accustomed to being the center of attention. When this attention is not forthcoming, they usually feel an extreme loss of self-worth.

These roles are often assumed throughout life, as long as survival is maintained. Children having grown up with a chemically dependent family member may end up interacting with their peers and then their own children in patterns similar to those in their former home life. The person usually requires outside help to break the pattern.

<ins>Discussion Question</ins>: Do family members always stay in the roles they have developed in order to survive?

<ins>Activity</ins>: Students assemble into groups and produce skits showing family roles.

LESSON #6

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Reading/Language Arts

LESSON OBJECTIVES:

Content Area: Distinguish between facts and myths. CCG: 1.3

AOD Prevention: Become aware of facts and myths about alcohol and other drug use. AOD: 2, 4, 5, 7

LESSON DIRECTIONS: Vocabulary: nicotine.

This is a lesson to inform students about some of the common myths and facts about alcohol. Use the information for class discussion, small or large group work—teacher choice. Could be put into a game format.

Closure: Write three facts about alcohol/drugs; write three myths about alcohol/drugs.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Need information on myths and facts about drugs/alcohol.

TEACHER PREP:

TEACHER BACKGROUND: There are five drug classifications that students need to be aware of:

1. Narcotics (e.g., heroin, opium, codeine)
2. Depressants (e.g., barbituates)
3. Stimulants (e.g., cocaine, amphetamines)
4. Hallucinogens (e.g., LSD, Peyote, Mescaline)
5. Gateway drugs (e.g., tobacco, alcohol, marijuana)

SOURCE:

LESSON #6a
Reading/Language Arts

## MYTH VS. FACT

| | |
|---|---|
| T | Alcohol is predominately a sedative or depressant drug. |
| F | Alcohol has the same chemical and physiological effect on everyone who drinks. |
| T | Alcohol is an addictive drug, and anyone who drinks long and hard enough will become addicted. |
| T | Alcohol is harmful and poisonous to the alcoholic. |
| F | Addiction to alcohol is only psychological. |
| T | People can become alcoholics because they have psychological or emotional problems which they try to relieve by drinking. |
| T | All sorts of social problems: marriage problems, a death in the family or job stress may trigger alcohol abuse. |
| F | When the alcoholic is drinking he/she reveals his/her true personality. |
| F | If people would only drink responsibly, they would not become alcoholic. |
| F | An alcoholic has to want help to be helped. |
| F | Some alcoholics can learn to drink normally and can continue to drink with no ill effect as long as they limit the amount. |
| T | Psychotherapy can help alcoholics achieve sobriety through self-understanding. |
| F | Craving for alcohol can be offset by eating high sugar foods. |
| F | If alcoholics eat three balanced meals a day their nutritional problems will eventually correct themselves. |
| T | Tranquilizers and sedatives are sometimes useful in treating alcoholism. |

Taken from: ***Under the Influence: A Guide To The Myths And Realities Of Alcoholism***. Dr. James R. Milam and Katherine Ketchan.

## MYTHS ABOUT DRUGS

1. If a close friend offers you a drug, then it's probably okay to take.
2. Tobacco doesn't really contain any drugs.
3. Alcohol isn't really a drug.
4. The main danger from chewing tobacco is getting yellow teeth.
5. Coffee doesn't really contain any drugs.
6. A little bit of alcohol or nicotine is okay for kids.
7. People who use drugs a lot usually only hurt themselves.
8. The best way to say no to a friend's suggestion is to make excuses.
9. Children often cause their parents to drink.
10. Heroin is the biggest health problem in the U.S. today.

## FACTS ABOUT DRUGS

1. Any amount of alcohol or nicotine is bad for kids.
2. The main danger from chewing tobacco is getting cancer of the mouth.
3. Alcohol is a drug that slows down the body functions.
4. Just because someone else takes a drug doesn't mean that it's safe for you to take it.
5. Coffee contains the drug caffeine which speeds up the body functions.
6. People who use drugs a lot hurt others as well as themselves.
7. Children don't cause their parents to drink.
8. Sometimes the best way to say no to a friend's suggestion is to offer a fun, safe, and legal alternative.
9. Alcohol and nicotine are much bigger health problems than heroin.
10. Tobacco contains the drug nicotine.

LESSON #7

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Basic operations (add, subtract, multiply, divide). CCG: 2.1

AOD Prevention: Self-awareness, feelings. AOD: 1, 6, 8

LESSON DIRECTIONS: Review multiplication of whole numbers.

Define nonverbal communication (communication through actions or gestures rather than words).

List on the chalkboard some of the feelings we all have such as: happy, sad, upset, excited, afraid, angry, bored, proud, scared, nervous.

Ask students to name some things that can cause us to feel these different feelings.

Ask students to explain the different ways that we tell how others are feeling. For example, we know because they:

- Smile.
- Cry.
- Shout.
- Pout.

Explain that when we use these cues to help us decide how a person is feeling we are using nonverbal communication. The other form of communication is verbal. When we communication this way, we say out loud what we think and how we feel.

Have students complete the worksheet "Feelings Wheels."

Time:

Follow-up: Students could create their own feelings wheel.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheets: "Feelings Wheels" and "Responsibility."

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

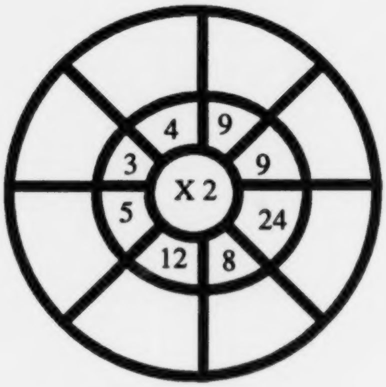
LESSON #7a
Math

Name ______________________ Date ______________

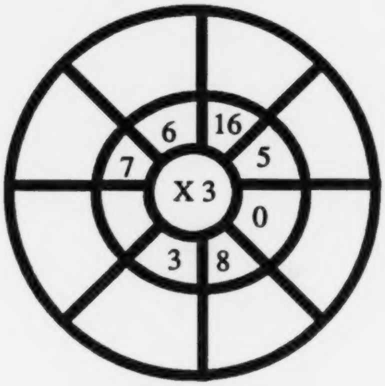
## Feelings Wheels

Work each multiplication problem and use the key below to find the letters to place on the Feeling Wheels. These letters will form a "feeling" word when read in the direction of the arrow.

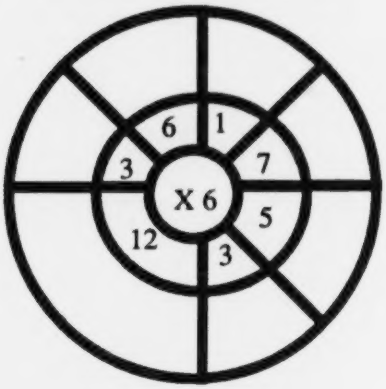
↑
Start here


X 2
4
9
9
24
8
12
5
3

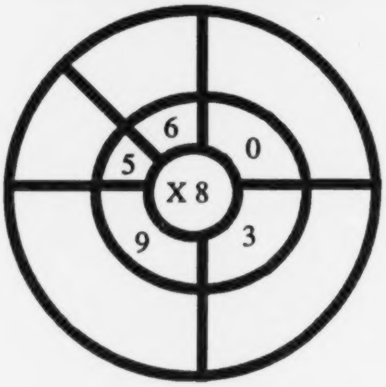
↑
Start here


X 3
6
16
5
0
8
3
7

↑
Start here


X 6
6
1
7
5
3
12
3

↑
Start here



C • 6 D • 72 E • 18 F • 16 H • 8 I • 42 L • 10
N • 21 O • 0 P • 40 R • 48 S • 9 T • 30 U • 24
V • 15 X • 36

LESSON #7b
Math

Name ______________________________ Date ____________________

## Responsibility

Solve these addition, subtraction, multiplication, and division problems, and use the correct answers to find the hidden message.

T • 35 - 17
W • 9 + 5
S • 18 ÷ 2
M • 25 - 9
D • 4 x 9
G • 95 - 49

U • 4 x 6
R • 38 + 52
O • 3 + 7
L • 6 x 5
I • 100 x 0
E • 8 + 9

F • 20 ÷ 10
P • 7 x 5
N • 40 ÷ 8
A • 7 x 3
H • 6 x 8
B • 9 x 6

14 17    21 30 30    5 17 17 36    18 10

54 17 30 10 5 46    54 24 18    0    21 16

90 17 9 35 10 5 9 0 54 30 17    2 10 90    14 48 21 18

0    36 10

LESSON #8

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Problem solving. CCG: 3.1

AOD Prevention: Effects of alcohol and other drugs. AOD: 2, 3, 4

LESSON DIRECTIONS: Discussion:

What are the main effects of smoking cigarettes? (10 minutes)

Have students list as many items as they can. Examples:

- Lung cancer
- Death from lung cancer
- Death from other diseases
- Physical dependence

What are some effects of drinking alcohol? (15 minutes)

- Death or injury from drinking and driving
- Shorter life expectancy
- Heart disease
- Physical dependence

What are some effects of designer drugs?

- Overdose
- Death
- Brain damage

Discuss that alcohol, tobacco, and drugs are illegal for all students, and very harmful to all people. Just because someone does not die immediately from using tobacco, alcohol, and other illegal drugs does not mean that these things are safe.

Collect students' lists after discussion.

Directions for the "Frightening Facts" worksheet (following page):

1. Note the math operations the students need to use and give the students the option of working with a partner or using a calculator.

LESSON #8
Math

2. Make the worksheet into an overhead, use as a cooperative learning sheet, or as a chalkboard model. Ask each student to come up with a "frightening fact" problem of their own to share orally.

3. Suggest this problem-solving strategy:

   a. Understand the problem.
   b. Devise a plan (Which operation +, -, x, ÷ would be most appropriate for this problem?).
   c. Do the calculation.
   d. Check to see if the answer seems reasonable.

Time: 25 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Calculators (optional), worksheet: "Some Frightening Facts."

TEACHER PREP: "Some Frightening Facts" Answer Key

1. 29,167; 6,731, 959
2. 1,800
3. 1,375,000
4. 470,000
5. 99,957; 86
6. 63
7. $16; $48; $208; $4

Underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

TEACHER BACKGROUND:

SOURCE:

LESSON #8a
Math

## SOME FRIGHTENING FACTS

Suggestions for use: Make into overhead, use as a cooperative learning record sheet or as a model for the chalkboard.

1. At present, almost 350,000 people die each year from diseases related to smoking tobacco. On the average, how many people die each:

   month __________ week ________________ day ____________________

2. Tobacco smoke contains 3,000 different chemicals. One thousand, two hundred are poisonous. How many are not poisonous?

3. Each year 125,000 people die from heart disease brought on by smoking cigarettes. If this rate continues, how many will die in 11 years?

4. Thirty thousand people are killed each year and another 500,000 injured by drunk drivers. How many more people are hurt than killed?

5. In 1980, there were an average of 43 lung cancer deaths per 100,000 people. How many people out of the 100,000, on the average did not die from lung cancer?

   How many deaths were there, on the average, per 200,000 people?

6. People who have a problem with drinking alcohol live 11 years less than the average life expectancy. If the average life expectancy is 74, how long, on the average, does a problem drinker live?

7. A person who dips snuff spends $8 every two weeks on tobacco. How much money will this person spend in:

   a month _______ 3 months __________ a year __________ a week ___________

LESSON #9

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Music

LESSON OBJECTIVES:

Content Area: Creating music. CCG: 4.0

AOD Prevention: Self-esteem, self-worth, awareness, feelings, social skills, communication skills. AOD: 1, 6, 8

LESSON DIRECTIONS: Explain that if someone wants you to take drugs, or if a friend you care a lot about begins to take drugs, it is best to talk to a responsible adult about it.

Ask students to name some people they trust and could discuss their problems with, such as:

- Parents
- Older brothers and sisters
- Teachers
- Clergy
- School nurse or counselor

Break students into groups of about three or four. Have each group create a "rap" (a type of song that is spoken rather than sung and has rhyming lyrics).

An example of a rap might be:

> When in doubt, you gotta' talk it out. You gotta' find someone you know.
> You'll feel much better than you did before. Talking is the way to go.
> If your friends are doing drugs and you're getting scared, just call someone and let'em know.
> With help, your friends can get back on line, and they'll know how much you care.
> Don't start smoking or drinking beer or you'll feel you've lost your mind.
> It's best to try to find someone to help you leave that stuff behind.

Time: 30 minutes

Follow-up: Have students perform their raps for the rest of the class or for a school assembly.

LESSON #9
Music

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Paper and pencil.

TEACHER PREP:

TEACHER BACKGROUND: Singing concepts and skills. The student shall be provided opportunities to create dramatizations and new words to songs.

SOURCE:

LESSON #10

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Physical Education

LESSON OBJECTIVES:

Content Area: Kicking skills, team work, cooperation, communication. CCG: 3.1

AOD Prevention: Communications skills. AOD: 1, 6, 8

LESSON DIRECTIONS: Have kids take off their shoes and play in stocking feet for safety.

Have kids "buddy up" (partners).

See explanation of game on next page.

Change partners two or three times during the play period so kids have the experience of learning to communicate with someone new.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Partially deflated soccer balls (or large Nerf balls), multipurpose room or gym, blindfolds for one-half the class (group).

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

# BLINDFOLD SOCCER

Looking for a game that blends cooperation, trust, and communication?—Here 'tis.

Each team (two teams) tries to kick a ball past the end zones; no goal markers, just the line marking the end zone. A kick over the line scores a goal.

Divide the group into two equal teams (equal means numbers in this case because there's not much skill involved in sightless games). Each team divides into pairs and one member of each team puts on a blindfold.

Soccer rules act as a guide to establish parameters of play, but skills such as heading the ball, passing, trapping, are impractical at best. At this pre-game juncture, allow the pairs some practice time in "getting their act together." Let the sighted leader try leading by attempting to verbally guide his/her blindfolded partner around the field.

Game Time! Have both teams line up at opposite ends of the field. The action begins as a referee throws or kicks both balls onto the field in as neutral a manner as possible. Slightly deflated soccer-sized balls are used to reduce the distance a ball travels if kicked solidly.

RULES:

1. Only the blindfolded member of the pair can make physical contact with the ball. The sighted member can only offer verbal directions.
2. Members of the pair or groups of pairs are not allowed to purposefully touch one another. Normal game contact is OK as long as the touching is not of a directional type; i.e., pushing a blindfolded player toward the ball.
3. There are no goalies. This rule will make sense once the action begins.
4. If a ball is kicked beyond the sidelines, a referee will kick the ball back into play.
5. Do not allow and constantly warn against high kicks. No one knows when a kick is coming, so encourage a side-of-the-foot putting movement. Limiting high kicks is essential to safe play. If the players do not comply, stop the game; someone will get hurt otherwise.
6. Heavy boots are not allowed as instruments of shin destruction.

CONSIDERATIONS:

1. There are two balls in play, which means that either ball can produce a goal. If the group is particularly large, use 3 balls as this tends to keep the players separated.
2. After one sightless group has stumbled around the field for a few minutes (or after a goal is scored) ask the players to trade roles. Give the new pair a chance to try out their command/reaction functions before starting again.
3. Teach the "bumpers up" position so that the blindfolded players have protection for the upper ventral part of their body. It's hands and arms up so that palms are forward and at about face height. Keep reminding the "blind" players to maintain this position.

LESSON #11

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Physical Education/Music

LESSON OBJECTIVES: Identify personal beliefs, values, feelings.

Content Area: Communicate thoughts, feelings, and opinions appropriately. CCG: 1.0, 2.0, 3.0

AOD Prevention: Communication skills. AOD: 1, 8

LESSON DIRECTIONS: Have students stand in a circle.

Play various types of music (marches, rock, slow, sad, soft, happy); explain the kind of music we hear can cause us to react in different ways.

Have students react to music by moving, dancing, marching, snapping their fingers, or expressing themselves in other ways.

Stop the music briefly and have students express how they feel right at that moment to their neighbor ("I feel _____").

After the exercise, ask the students the following questions.

- Which music made you feel the best?
- Which music made you feel sad?
- Which music was your favorite?
- Do you like to listen to the same music all the time or are you open to different types of music?

Time: 30 minutes

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Records, tapes, different types of recorded music.

TEACHER PREP: Gather materials (see above).

TEACHER BACKGROUND: Responses to music through moving and playing. The student shall be provided opportunities to express mood and meaning of the music.

SOURCE:

LESSON #12

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Science/Language Arts

LESSON OBJECTIVES:

Content Area:

1. Relate tar deposits on cotton in simulated smoking situation to similar deposits on lung tissue of smokers. CCG: 1.12
2. Name harmful effects from smoking cigarettes.
3. Give reasons not to start smoking.

AOD Prevention: Exhibit an understanding of the meaning and proper usage of key words: nicotine, tar, emphysema, lung cancer. AOD: 2, 3, 4, 7

LESSON DIRECTIONS:

1. Using an empty bottle of dishwashing soap, remove the center of the bottle cap.
2. Insert a plastic tube into the hole so that it protrudes an inch into the bottle.
3. Seal the tube into position with molding clay.
4. Push a wad of cotton into bottle.
5. Place the cap on the bottle.
6. Place cigarette into the upper end of the tube.
7. Check connections to make sure they are tight.
8. Squeeze the plastic container between your palms to force air out of the bottle.
9. Light the cigarette.
10. Alternately squeeze and release pressure on the sides of bottle.
11. Remove cigarette.
12. Remove and examine cotton plug.

Time: 45 minutes

Follow-up:

1. What is the appearance of the cotton? How does it look and smell? Where did the tarry material come from? Where would this material have been deposited if the cigarette had been smoked by a person? What effect would this material have on a smoker's lungs? How is this related to the respiratory problems of smokers?
2. Breath through coffee stir straw to experience the effects of emphysema.
3. After teaching or reviewing interview skills, have students interview a smoker and a nonsmoker. Share the results with the class.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Clean plastic dishwashing liquid container with screw cap, rigid plastic tube, absorbent cotton, molding clay, cigarettes.

TEACHER PREP: Do this activity outdoors for safety and health considerations.

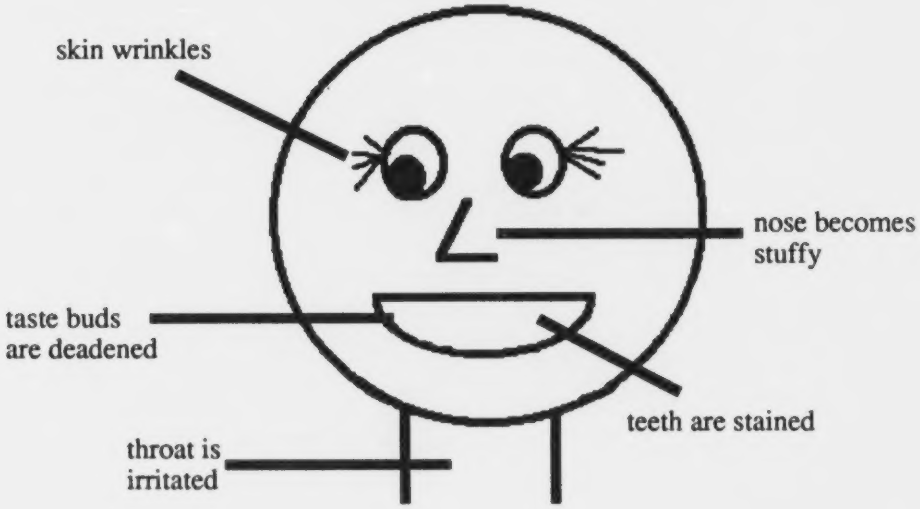
TEACHER BACKGROUND:

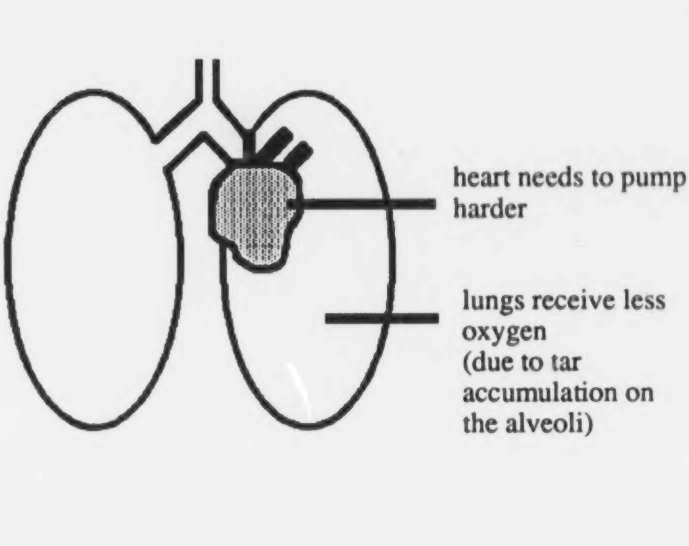
1. Refer to the Surgeon General's warning about smoking and its effects which appears on all cigarette advertising material.
2. Point out that smoking is no longer allowed at many restaurants, stores, trains, planes.
3. Refer to the Great American Smoke Out.

SOURCE:

## Overhead

## Effects of Cigarette Smoking

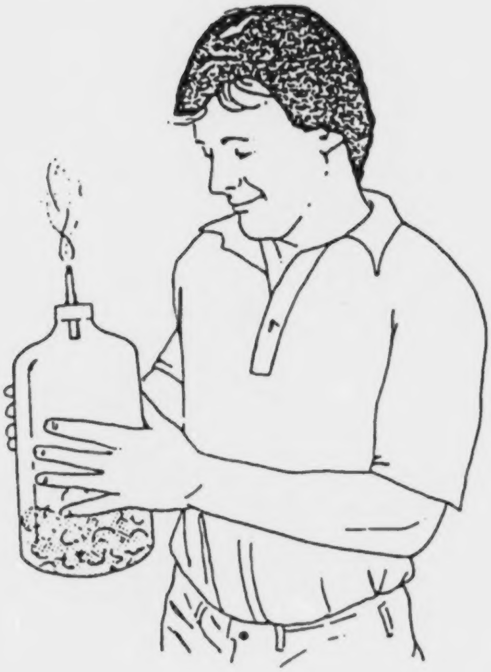

skin wrinkles
nose becomes stuffy
taste buds are deadened
teeth are stained
throat is irritated

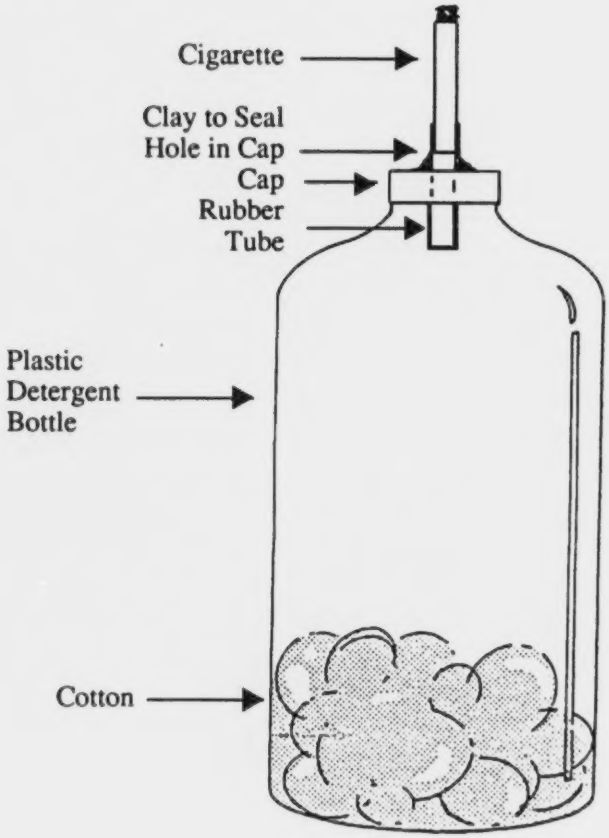

heart needs to pump harder
lungs receive less oxygen (due to tar accumulation on the alveoli)

LESSON #12b
Science/Language Arts

Name ______________________________ Date ____________________

# Making a Smoking Machine





1. Make a hole in the cap the size of the tubing.
2. Put tubing into the hole and seal with clay.
3. Put cotton balls into the bottom of the bottle and an unlit cigarette into the outside end of the tubing.
4. Screw on the cap.
5. Force the air out of the bottle by pressing on it firmly.
6. Light the cigarette and begin pumping the bottle slowly and steadily.
7. Remove the bottle cap when pushing the air out of the bottle then replace before pulling air through the cigarette. You can also punch a hole in the bottle to let the air escape, then cover the hole before pulling air in through the cigarette.
8. When the cigarette has been completely smoked, extinguish it and empty the cotton balls from the bottle onto a tray.

## INTERVIEWS OF A TOBACCO SMOKER AND NONSMOKER

Dear Student:

For this assignment you are to conduct two interviews—one with a smoker and the other with a nonsmoker. If one of your parents smokes and the other does not, then you could interview both of them. Otherwise, have your parent be one of the interviewees and find another adult for the other interview.

### SMOKER INTERVIEW

1. How many cigarettes do you smoke every day? ________
2. Why do you smoke cigarettes? (Try to give at least three reasons.)

   ____________________________________________

   ____________________________________________
3. How much does it cost you to smoke every day? __________
4. Have you noticed any effects on your health because you smoke? If yes, what?

   ____________________________________________
5. How many times have you tried to quit? __________
6. If you could quit now, would you? __________ Why or why not?

   ____________________________________________

   ____________________________________________
7. What would you think if I told you I might like to try smoking?

   ____________________________________________

   ____________________________________________
8. What advice do you have for me about cigarettes?

   ____________________________________________

   ____________________________________________
9. Has smoking interfered with your ability to walk, run, jog or other physical activity?

   __________

____________________________________________
Smoker's Signature

LESSON #12c
Science/Language Arts

## NONSMOKER INTERVIEW

1. Have you ever smoked a cigarette? __________ If yes:
   a. How old were you when you first smoked? __________
   b. Why did you start?
   c. Why did you quit?
   d. Was it difficult to quit?
2. When you were my age did you have friends who smoked? __________
3. Did friends ever encourage you to smoke? __________ If yes:
   a. What did they do?
   b. How did you respond?
4. What advice do you have for me about cigarettes?

Nonsmoker's Signature

LESSON #13

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Science/Health

LESSON OBJECTIVES: Vocabulary: alcohol, reaction time, blood alcohol, depressant.

Content Area: Life Science: What is the effect of alcohol on life? How would alcohol affect the prey and predator relationship? CCG: 1.5

AOD Prevention: Alcohol's effect on reaction time; in particular, the effect of alcohol on someone driving a car. AOD: 2, 3, 4, 7

LESSON DIRECTIONS: Getting Ready

1. Gather materials.
2. Tell students that they should not do this at home. It is only appropriate as a teacher-directed activity.
3. Tell students that rubbing alcohol is fatal if swallowed by humans.

Demonstrate (to be performed as a class demonstration using one frog per class)

1. In a graduated cylinder mix one part alcohol to 10 parts water and pour solution into a small tub or bowl.
2. Place a live frog in the alcohol bath, cover, and set timer for three minutes.
3. Remove frog from alcohol bath and place it on its back. If frog still rolls over place it back in bath for one minute.
4. Observe frog.
5. Place frog in fresh water until sober.

Time: 45 minutes

Follow-up: Discuss alcohol's effect on muscle reaction. (See Information Sheet, next page.) Students are amazed at the effect alcohol has on the frog. Discuss survival in the wild (for the frog) and survival on the road for the drunk driver.

MODIFY FOR HIGHER-LOWER GRADES: Not recommended for lower grades. Modification for upper grades not needed.

LESSON #13
Science/Health

| | |
|---|---|
| MATERIALS NEEDED: | One medium- to small-sized garden frog, tub or bowl, one graduated cylinder, water, alcohol (70% rubbing), tub or bowl for fresh water, stopwatch or timer. |
| TEACHER PREP: | Gather all the materials ahead of time; choose responsible students to catch frog(s). |
| TEACHER BACKGROUND: | This activity is really impressive and should not be passed up. When the frog sits in the alcohol solution for three minutes, it becomes intoxicated. When placed on its back it will not roll over. When placed in a student's hand it will lay there lethargically. When held upright its legs will dangle. The frog will revive in about five minutes when placed in a tub of pure water. |
| SOURCE: | |

# EFFECTS OF ALCOHOL

Physical Symptoms:

Intoxication
Slowed reflexes
Relaxed inhibitions
Impaired coordination
Relaxation
Slurred Speech
Unsteady walk

Look For:

Smell of alcohol on clothes or breath
Intoxicated behaviors
Hangover
Glazed eyes
Attitude and/or behavior changes

Clues to Addiction:

Loss of control over the quantity consumed
Memory blackouts
Uncharacteristic problems with family, school, the law

Dangers:

Addiction
Accidents resulting from impaired ability and judgment
Overdose when mixed with other depressants
Heart and liver damage

NOTE: Alcohol, together with nicotine and marijuana, is regarded as a "gateway" drug. That is, these three drugs are the gateways to continued and diverse drug use.

LESSON #14

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Science

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Using classification skills in organizing and sequencing information; understanding body systems and functions. | CCG: 1.14 |
| AOD Prevention: | Recognize effects of marijuana on the body. | AOD: 3, 4 |

LESSON DIRECTIONS: Vocabulary: TetraHydroCannabinol (THC)

Discuss the effects marijuana has on the human body. Emphasize that marijuana affects the function of the heart, lungs, mouth, and brain as well as the immune and reproductive systems. Display the "Facts About Marijuana" transparency on an overhead projector and allow students to ask questions about any fact they don't understand.

Distribute the worksheet "Body Outline" and instruct students to put Xs on parts of the body they think are affected by marijuana.

Have students complete the worksheet "Marijuana: How Much Do You Know?" Go over the answers to the questions in class. Encourage students to take their worksheets home and share the information with their families and friends.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Overhead: "Facts About Marijuana," worksheets: "Body Outline" and "Marijuana: How Much Do You Know?"

TEACHER PREP:

TEACHER BACKGROUND: Marijuana lowers the levels of male and female hormones. Marijuana impairs normal sexual development, fertility, and sexual functioning. The male sperm and female eggs are adversely affected by marijuana's toxic chemical. In young women marijuana may also interfere with menstrual cycle. A passive smoker such as a small child or the unborn are affected by a mother's use of marijuana. Marijuana is one of three gateway drugs (tobacco and alcohol are the other two).

It is illegal for children or adults to be in possession of marijuana.

SOURCE:

## Overhead

### Facts About Marijuana

Marijuana contains more than 400 chemicals, many of which are very harmful.

Marijuana smoke has more cancer-causing agents than cigarette smoke.

The chemicals in marijuana smoke can remain in the body for up to a month.

Marijuana affects coordination and slows down thinking and reflexes.

Marijuana reduces people's memory and affects comprehension.

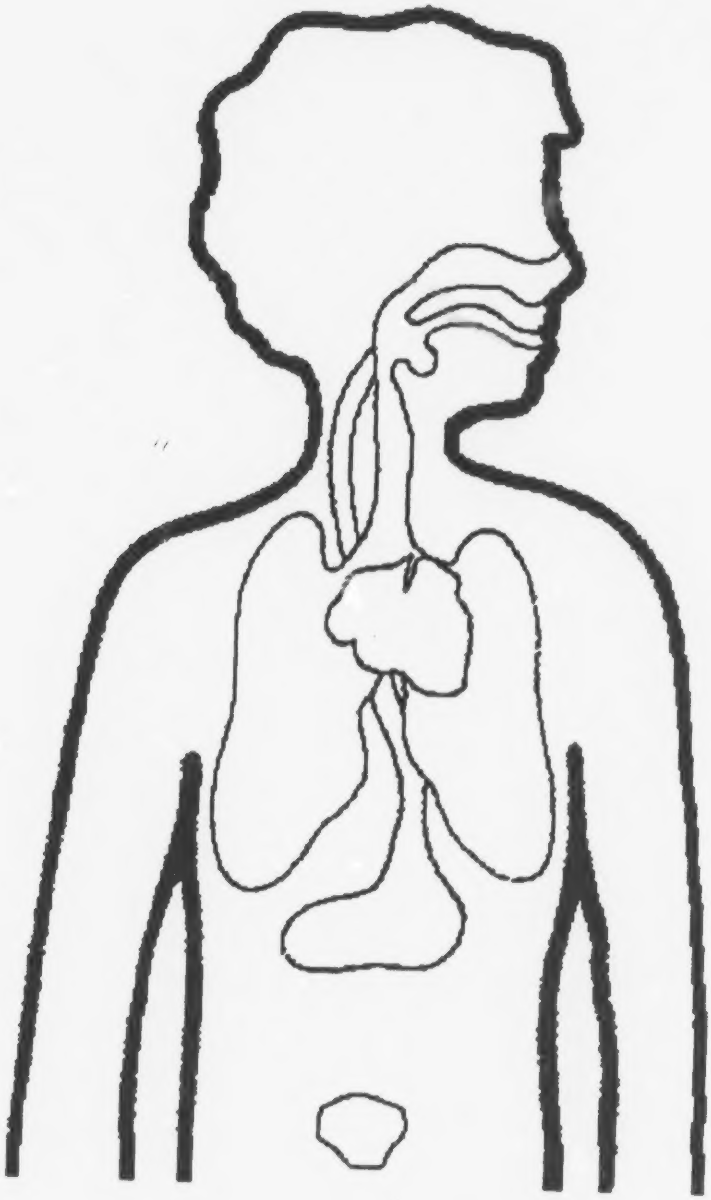
Marijuana smokers often lose interest in schoolwork, sports, and other extracurricular activities.

Smoking marijuana can be especially harmful for young people because their bodies are still growing.

Marijuana is psychologically addictive.

Name ______________________________ Date ____________________

# Body Outline



Reproduced with permission: American Lung Association of Maryland

LESSON #14c
Science

Name ______________________________ Date ____________________

## Marijuana: How Much Do You Know?

Marijuana is a harmful drug. Take this quiz to find out how much you know.

1. Marijuana contains many harmful chemicals that can stay in the body _________ after using the drug.
   A. several hours B. a few minutes C. up to a month
2. People who smoke marijuana on a daily basis soon need to increase the amount they smoke to get the same high.
   A. true B. false
3. Smoking marijuana is especially harmful for young teenagers because:
   A. it costs a lot of money
   B. it can keep their bodies from developing properly
   C. it is not "cool"
4. Smoking marijuana makes learning more difficult because:
   A. it affects a person's memory
   B. it causes breathing problems
   C. it is not allowed in school
5. Marijuana affects coordination and slows down thinking. Why is smoking marijuana dangerous for a person driving a car? swimming? riding a bicycle?

6. How can smoking marijuana be harmful to an athlete's performance?

7. How can smoking be harmful to singers, dancers, actors, and other performers?

8. How can smoking marijuana be dangerous for a person who works with power tools?

9. List five reasons you should say "no" to marijuana.

LESSON #14d
Science

# INFORMATION SHEET

## EFFECTS OF MARIJUANA AND HASHISH

Common Street Names:

Pot, Weed, Acapulco Gold, Mary Jane, Grass, Loco Weed, Reefers, Joint, Hash

Physical Symptoms:

Red eyes
Dry mouth
Hunger
Increased heart rate

Look For:

Impaired short-term memory
Loss of concentration
Impaired coordination
Carelessness about grooming
Euphoria

Clues to Addiction:

Increased tolerance
Withdrawal from social contact
Lack of motivation
Apathy
Inattention

Dangers:

Lung diseases, such as chronic bronchitis
Affects the reproductive system, especially teenagers
Weakened immune system
Psychologically and physically addictive
Short-term memory loss
Impairment of sexual development when used in early adolescence
Cannabis is stored in the fat for 2-3 weeks after smoking or ingesting
(one-third of your brain is fat!)

LESSON #15

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Science/Math

LESSON OBJECTIVES:

Content Area: Classification. CCG: 2.6

AOD Prevention: Effects of various types of drugs. AOD: 2, 3, 4

LESSON DIRECTIONS: Vocabulary Development: stimulants, depressants.

Discuss classification. Some things can be classified by what they look like or what they do.

Examples of doctor-prescribed medications and use.

Explain that drugs are classified by the way they affect the body. For example,

- Some drugs can have multiple conflicting effects; such as marijuana—can cause stimulating, depressing and/or hallucinating effects.
- Some drugs cause the heart to beat more quickly. These are called stimulants.
- Some drugs cause the heart to beat more slowly. These are called depressants.
- Some drugs do not affect the heart directly, but are still very harmful.
- Drugs are not food.

As a class complete the worksheet "Which is Which?" Discuss the answers and emphasize why each drug is classified this way.

May be used as cooperative learning or group activity.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "Which is Which?," calculators (optional).

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #15a
Science/Math

Name ______________________________ Date ____________________

## WHICH IS WHICH?

Solve these problems and find the word at the bottom of the page that matches the correct answer. Write the word in the box beside the problem.

| Stimulants-raise heart rate | |
|---|---|
| | 450 ÷ 90 |
| | 89 x 14 |
| | 999 + 3 |
| | 1/8 x 6/8 |

| Other drugs | |
|---|---|
| | 21 x 6 |
| | 333 ÷ 3 |

| Depressants-lower heart rate, relax muscles | |
|---|---|
| | 8.88 ÷ 4 |
| | 55.36 ÷ 2 |

| Not drugs | |
|---|---|
| | 81 + 1001 |
| | 1/2 x 3 |
| | 13 x 65 |
| | 852 - 635 |

6 / 64 • cocaine
126 • rum
1246 • crack
27.68 • sniffing spray paint
1082 • lemonade
111 • alcohol
5 • cigarettes
1002 • snuff
2.22 • marijuana
845 • cookie
3 / 2 • milkshake
515 • wine cooler
640 • beer
217 • oranges

LESSON #16

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Social Studies/Art

LESSON OBJECTIVES:

Content Area: Social Studies—social-cultural bonding and customs; investigating historical traditions (coats of arms); identifying modern counterparts of coats of arms. CCG: 5.4

Art—expression; communication; symbolism.

AOD Prevention: Describing, expressing personal characteristics; personal uniqueness; peer-social influences (gang paraphernalia, symbols). AOD: 1, 6, 8

LESSON DIRECTIONS: Explain how in the past symbols on coats of arms told what a family stood for and what significant things family members had done. Show the overhead "Sample Coat of Arms." Tell students that they are going to create their own coat of arms with family members. Explain that the four sections of the shield could contain:

1. Something about which your family is proud.
2. What you would like to do in the future.
3. Description of your family.
4. Special belongings "dear" to the family.

Tell students to think of a family motto to write over their shield. Example: "In Truth There is Justice."

Pass out "My Coat of Arms" template and ask students to cut out each piece from different pieces of construction paper. Students will take the pieces home and complete them with their family.

Closure:

- What was the hardest part of this exercise for you? Why was it hard for you?
- What part was easiest? Why?
- How did it feel to share some personal information with the group?
- What was it like to listen to others share information?

Time:

Follow-up: As another homework activity, students could complete Family Tree worksheet.

## LESSON #16
Social Studies/Art

MODIFY FOR HIGHER-LOWER GRADES:

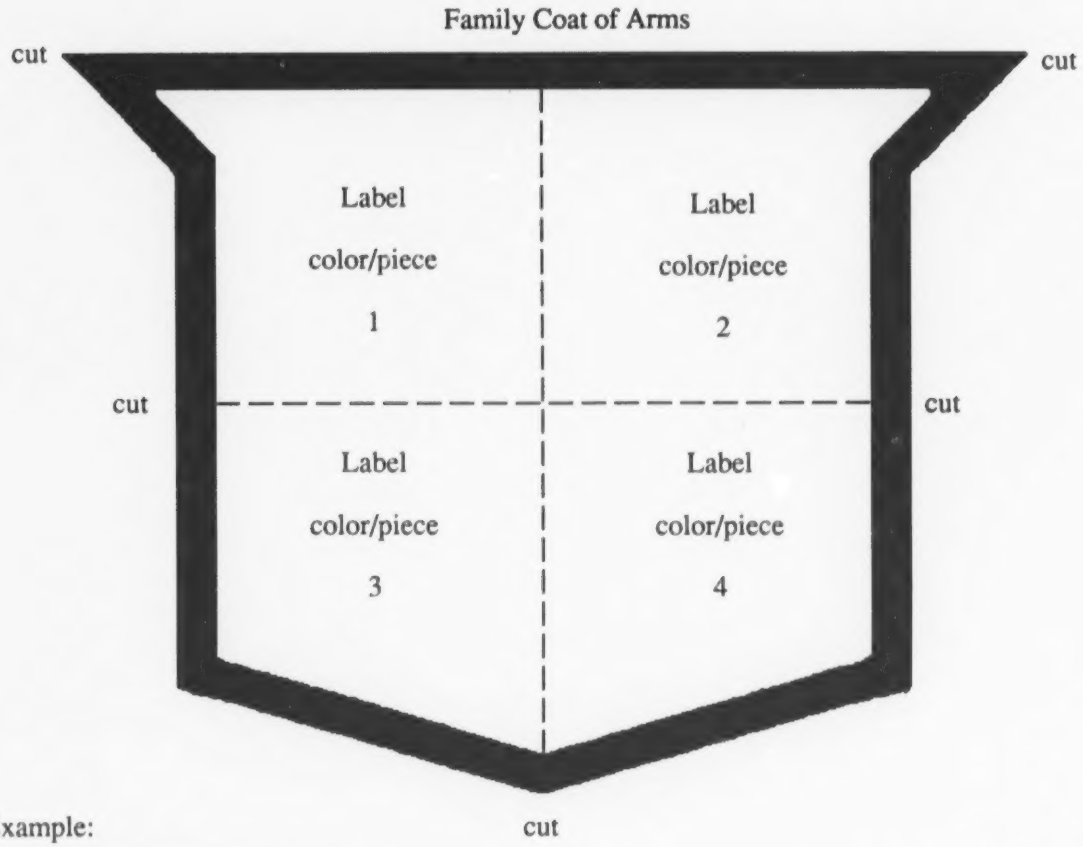
MATERIALS NEEDED: Worksheet: "My Coat of Arms," crayons, markers.
Worksheet: "My Family Tree" (optional).

TEACHER PREP:

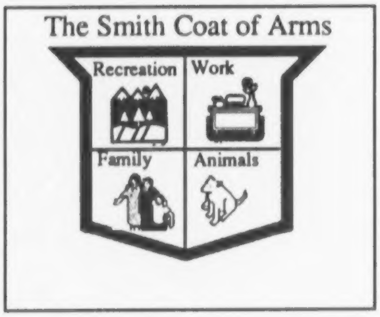
TEACHER BACKGROUND: If some children have difficulty with this lesson, offer some suggestions for the Coat of Arms. Sharing should be entirely voluntary in this lesson.

SOURCE:

# TEMPLATE FOR FAMILY COAT OF ARMS
## (Patchwork Quilt)


Family Coat of Arms
cut
cut
Label
color/piece
1
Label
color/piece
2
cut
cut
Label
color/piece
3
Label
color/piece
4
cut

Example:

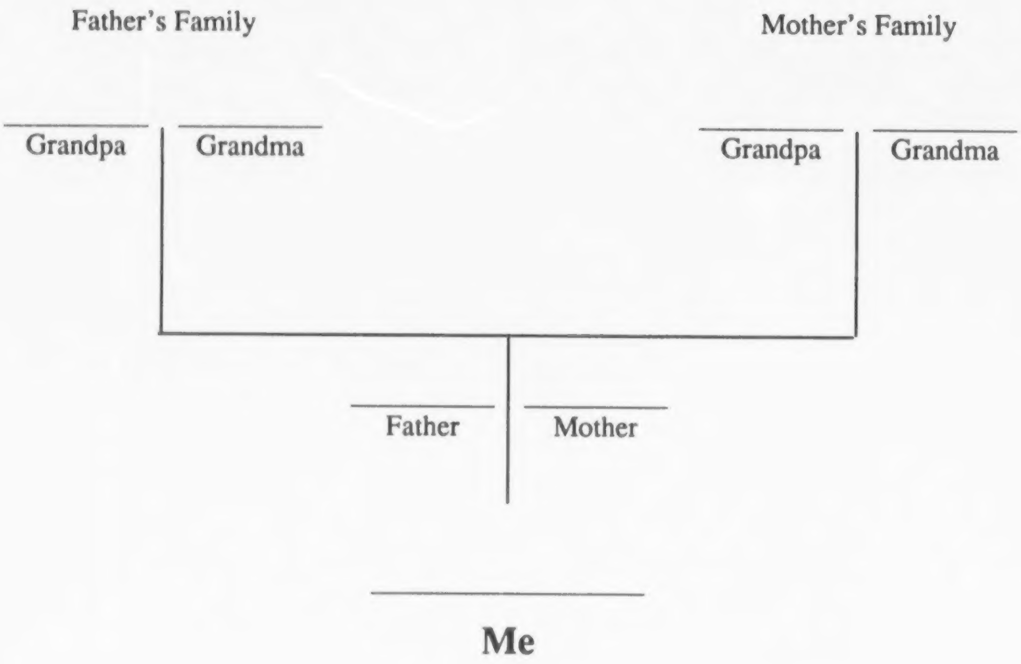

The Smith Coat of Arms
Recreation
Work
Family
Animals

1. Each piece is to be completed by different family members.
2. Cut and mount on construction paper or tag board.

LESSON #16b
Social Studies/Art

Name ______________________________ Date ____________________

# My Family Tree


Father's Family
Mother's Family
Grandpa
Grandma
Grandpa
Grandma
Father
Mother
Me

LESSON #17

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | 4-5 | SUBJECT AREA: Social Studies/Vocational Education/Art |
| LESSON OBJECTIVES: | | |
| Content Area: | Current events. | CCG: 6.1 |
| AOD Prevention: | Drug information. | AOD: 2, 3, 4, 9, 10 |
| LESSON DIRECTIONS: | Have students read articles related to drug abuse issues, clip them out, and place on a bulletin board. Develop a display or create a class scrapbook.<br>Articles may deal with drug testing and drug-related accidents at the work place. | |
| Time: | | |
| Follow-up: | Have students continue collecting articles throughout the year so they can realize what a big issue drugs/alcohol are.<br>Create a montage of drug-related issues. | |
| MODIFY FOR HIGHER-LOWER GRADES: | | |
| MATERIALS NEEDED: | Newspapers (local, state, national), magazines, bulletin board space, butcher paper for wall or scrap book. | |
| TEACHER PREP: | | |
| TEACHER BACKGROUND: | | |
| SOURCE: | | |

LESSON #18

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 4-5 SUBJECT AREA: Vocational Education/Health

LESSON OBJECTIVES:

Content Area: Machine/equipment safety. CCG: 3.0

AOD Prevention: Responsibility and consequences: understanding that using alcohol or other drugs can result in great danger around machinery or equipment. AOD: 2, 3, 4, 6, 7, 10

LESSON DIRECTIONS: Vocabulary: nervous system, neuron, brain, cerebrum, cerebellum, brain stem, spinal cord.

1. Make statements about safety with and around equipment and machines. (Playground equipment will render itself nicely to this discussion.)
2. Discuss the constant interaction of people and machines/equipment in the workplace.
3. Lead children to discover the wisdom in not using drugs or alcohol when using machinery or equipment.
4. Have students examine over-the-counter medication warning labels and comment.

Time:

Follow-up: Guest speakers: Worker's Comp, SAID, VERK, vocational education teacher.

Students could produce their own drug warning labels.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Pictures of machinery or equipment that could be dangerous (e.g., construction, playground, etc.). Medication labels from over-the-counter medication (warning labels).

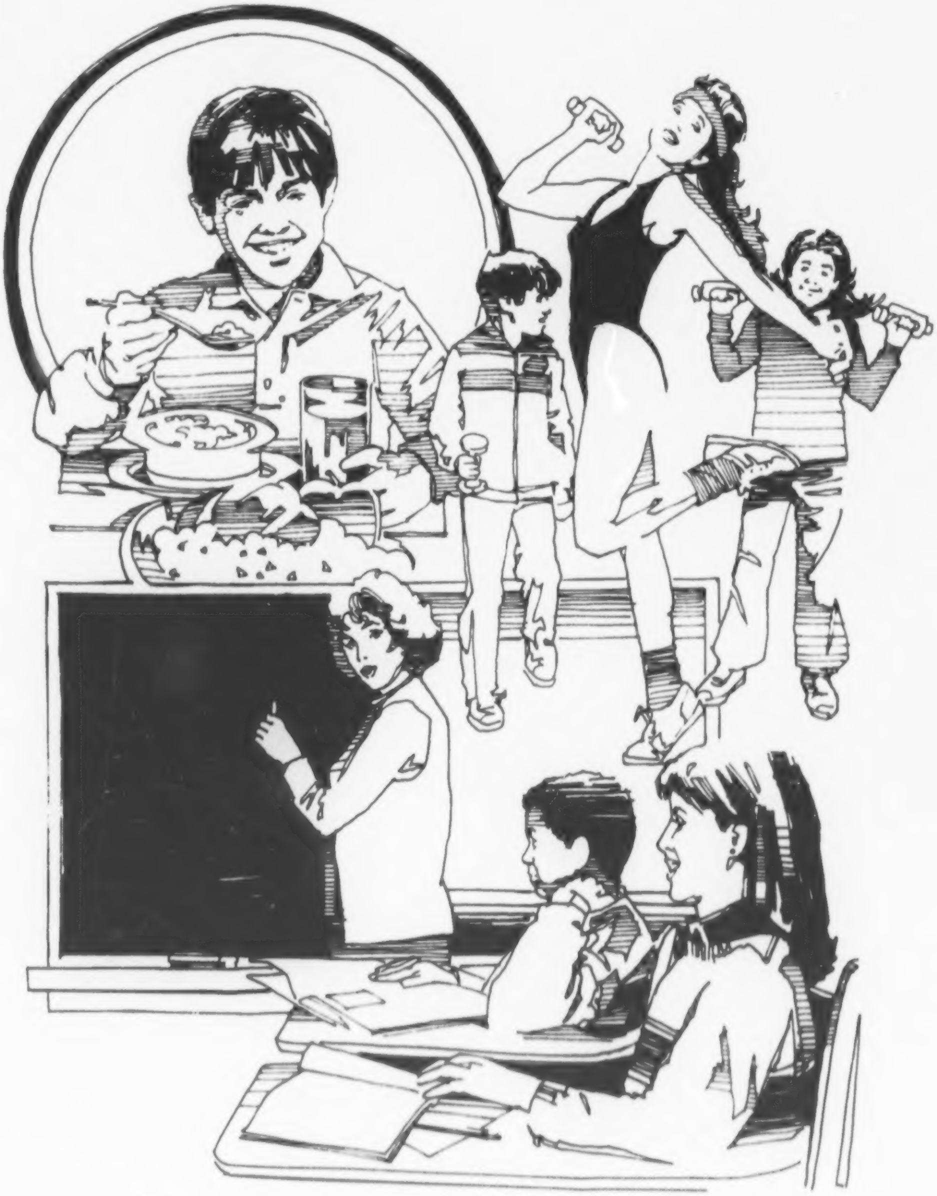
TEACHER PREP:

TEACHER BACKGROUND: The nervous system (e.g., neurons, cerebrum, cerebellum, spinal cord) is affected by medication, alcohol and tobacco. The insurance industry will give auto discounts for nonsmokers because they are less likely to get into an accident.

Currently, when there is an accident in the workplace or on the road, the individuals involved are tested for drugs and alcohol.

Many companies, both private and public, are requiring drug testing as a prerequisite to employment.

SOURCE:



**Background for Teachers** **Grades 6-8 (ages 11-14)**

Youths in grades 6-8 are in a period characterized by much "storm and stress." Many child development experts believe adolescence is stormy because adults are ambivalent about how grown-up they want youths this age to be. Although 12- to 14-year-olds are maturing physiologically—they look older and are more mature sexually—most remain emotionally, cognitively, and morally immature. Seeing large and physically mature bodies, adults often expect more than adolescents are capable of giving.

In the midst of the storm and stress of adolescence, youths undergo a rebirth. Adolescents perceive that everything out of the past, especially their identity as a child, is up for reconsideration. With their new bodies comes the potential of a new identity—everything is possible, nothing is certain. This state of rebirth produces confusion, frustration, excitement, fear—and ultimately high levels of stress.

It is important that youths of this age do the following:

- develop a positive sense of self and of their own capabilities;
- understand the importance of continuing their education;
- understand the pressures of peers and be able to resist them;
- know sources of help other than their peers.

### Influence of peers

Youths in grades 6-8 have had little experience in coping with stress, and they believe that the only persons who can really understand and help them are their agemates, or peers. As a result, they increasingly want to spend time with friends their own age. They talk endlessly on the telephone, pass notes in school, make excuses to get out of class or out of the house, ostensibly to accomplish some task, but really just to see each other. They seem to need constant reassurance that what is happening to them is normal and okay. Only an agemate can provide this reassurance. They believe that adults in their lives are unable to identify with their concerns. In addition, school programs often are not organized to provide the high level of personal interaction that adolescents want and need.

Youths in grades 6-8 want to be noticed. Mostly they want to be seen and noticed by each other. In their attempts to be visible and to break with the past, they dress alike, talk alike, and share many of the same thoughts, values, and likes and dislikes.

This is a time of upheaval in relationships. The family no longer is as much a part of their identity, the peer group assumes more significance, and communication between the youths and their families begins to break down. Adolescents tend to prefer traveling, shopping, or engaging in recreational activities with their peers rather than their families. Families may react to this situation with anger or hurt, which makes an already stormy period more stressful. Parents and other adults may become confused and upset because the child they knew seemingly no longer exists.

In addition to rejecting their families to one degree or another, many adolescents call into question everything out of the past—old friendships, old values, old beliefs, and old ways of doing things such as solving problems. Adults once held in high esteem may be criticized and argued with. The simple ideas and truths that adults may have presented earlier no longer work for adolescents. Directives or responses such as "because I told you so" or "just say no" are no longer adequate. Adolescents want explanations and real answers. They often assume they should disagree with anything an adult says or find it distasteful and search out an alternative answer from a peer. Persons most trusted by this age level are family members who work hard to retain levels of trust or slightly older adolescents who have recently experienced this period of storm and stress. Parents and teachers can continue to be influential, but such adult influence requires a lot of effort and outstanding communication skills.

### Importance of belonging

The motivation for much of adolescents' behavior is the desire to belong, especially to a peer group. The feeling of belonging may in fact be vicarious; they may only be reading, listening to music, or viewing movies or television programs in which youths their age are involved. The desire to belong produces a need to behave as their peers do. Peer pressure is not so much an actual pressure by one person or a group to behave in a certain way, but rather the self-imposed pressure an individual feels to behave like others in the group to feel a part of the group. Because of their desire to belong by looking like everyone else their age, adolescents select clothing that appears to be virtually a uniform.

Youths in grades 6-8 are often controlled by the moment. They may do things that violate a value or belief on the spur of the moment, depending to a great extent on the situation and who they are with. They may find themselves doing something they formerly considered wrong because, at that moment, it seems okay, fun, or necessary to prove they are like everyone else. Alcohol and other drug use often arises out of such situational ethics.

Because their bodies change rapidly at this time, many adolescents become almost obsessed about their appearance and the size and shape of various body parts or the speed at which they are developing. They do not feel comfortable talking with their families about these physical changes and thus spend much time with peers talking and joking about the changes. The information they receive from peers often is inappropriate and inaccurate.

Educators can use the interest adolescents have in their bodies as a springboard for teaching about the hazards that tobacco, alcohol, and other drugs pose to developing bodies. Educators should emphasize that remaining drug free is the best way to ensure a physically healthy and attractive body now and in the future.

### Influences on learning

Youths in grades 6-8 are risk takers. What scared them before intrigues them now. They believe they are invincible. They are quick to accept dares, to test rules and laws to the limit, and to flirt with death, believing it will never touch them. The risks of using drugs are intriguing on several levels: violating the law, breaking parental and school rules, and defying physical danger and even death. Drug prevention programs, and especially information related to the short- and long-term consequences of drug use, should address this attraction to risks.

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Adolescents enjoy danger and do not believe that the consequences of drug use are a threat to them. The best way to present information is not through threats, statistics, or lecture about morality but by focusing on how drugs affect the human body and mind, human relationships, and their environment. Adolescents are sufficiently future-oriented that they can see the payoff of education and their own behavior choices, as long as the adults in their lives do not make some future payoff the reason to do or not to do something.

Youths in grades 6-8 are beginning to think abstractly and to deal with the future. They can process more complex ideas and understand incongruities among words, behavior, and consequences of behavior. As a result, drug prevention education can be broadened and presented in a variety of contexts and subjects. Infusing drug prevention messages into various subjects within the school curriculum is one way to do this.

Adolescents are beginning to recognize that everything is not strictly good or bad, right or wrong, but that there are shades of gray to moral problem solving and decision making. As a result, they are influenced less by the power of individuals who are bigger, older, or in authority, and more by their own ability to make moral decisions. Helping adolescents learn how to make good decisions is an essential component of drug prevention education.

Although the peer group is an important and sometimes controlling influence, friendships are perhaps more important. Friends are generally close, trusted peers, often of the same sex or if of the opposite sex, not necessarily controlled by sexuality. Friendships are developed through shared experiences, interests, values, beliefs, and proximity. Friendships are so important to helping youths choose a path in life that it is important for adults, especially parents, to know who their children's friends are; to encourage positive, healthy, helpful friendships; and to guide their children away from friendships that are potentially harmful. Parents and teachers should work together to help adolescents develop friendships that encourage growth toward healthy, responsible adulthood.

The search for identity in early adolescence takes times and considerable energy. Without adult supervision and guidance, it may falter or veer off in a potentially dangerous direction. Adults should seek to be models of healthy, responsible behavior. And they should know the adults, as well as peers, with whom their children or students spend time.

In adolescence, greatly expanded social opportunities put youth at much greater risk for drug use. According to the National Household Survey of Drug Abuse, conducted in 1988 by the National Institute of Drug Abuse, 75 percent of youth ages 12-17 had never tried illegal drugs, including marijuana, hallucinogens, inhalants, cocaine, heroin, and nonprescription psychotherapeutic drugs such as stimulants, sedatives, and tranquilizers. But, 17 percent had tried illegal drugs in the past year, and 8 percent had tried drugs previous to the past year.

Youths in grades 6-8 need more sophisticated information about drugs and more ways to feel good about themselves. Perhaps their primary concern is being accepted by peers; they need to feel that they belong without feeling they have to resort to illegal or irresponsible behavior.

At these ages, youths want to be independent and do not want to have to meet family and adult expectations for them. They learn best in an environment that allows them to think critically and to make decisions based on their developing values and beliefs. They need emotional support, but they also need to be allowed to explore concepts on their own, with support and guidance from teachers and other adults. In drug prevention education, youths should be allowed opportunities to prove that they are becoming more responsible; for example, through independent research, helping peers, and serving as a positive role model for younger children.

### Concerns about drug use

At grades 6-8, youths increasingly are together without adult supervision, often with older youths. As they mature physically, they want to act older. Alcohol and other drug use becomes more of a risk, because it may be more accepted or encouraged among their peers—and, at least temporarily, it may make youths appear and feel older.

Research shows that drug use increases at these ages. According to the National Adolescent School Healthy Survey, conducted in the fall of 1987 by the National Institute on Drug Abuse among 11,000 8th and 10th graders, 8th graders reported the following use:

Tobacco

- 51 percent of 8th graders reported having tried cigarettes, and 16 percent said that they had smoked a cigarette within the past month.
- Nearly equal numbers of males and females reported ever trying cigarettes and smoking during the past month.
- 12 percent of males and 1 percent of females reported having chewed tobacco or used snuff within the past month.
- Of those students who had tried cigarettes, 72 percent of 8th grade males reported first use grade 6.

Alcohol

- 77 percent of 8th graders have tried alcohol; of these, 55 percent had tried it by grade 6.

- 34 percent of 8th graders reported having had an alcoholic beverage within the previous month.

- 26 percent of 8th graders reported having had five or more drinks on at least one occasion within the previous two weeks.

- 13 percent of 8th graders reported combining alcohol and drugs on one or more occasions within the previous month.

Marijuana

- 15 percent of 8th graders reported having tried marijuana. Of these, 44 percent reported first use by grade 6.

- 6 percent of 8th graders reported using marijuana within the previous month.

- Past-month marijuana use was reported by 10 percent of females and 12 percent of males.

- 4 percent of students reported having used marijuana six or more times within the previous month.

Cocaine

- 5 percent of 8th graders reported having tried cocaine. Two percent said they had used cocaine within the past month.

- Of those who tried cocaine, approximately one-third, or 2 percent of 8th graders, had tried crack.

- Of those students who had tried cocaine, 62 percent of 8th graders reported first trying it in grade 7 or 8.

Inhalants

- 21 percent of 8th and 10th graders reported having tried inhalants (glues, gases, sprays). Of those who tried inhalants, 61 percent of 8th graders reported first use by grade 6, and 78 percent of 10th graders reported first use by grade 8.

- 7 percent of 8th graders said they had used inhalants within the previous month.

Perception of risk

- 86 percent of students perceived a moderate or great risk from smoking cigarettes daily.

- 80 percent perceived a moderate or great risk from regular use of alcohol.

- 81 percent perceived a moderate or great risk from occasional use of marijuana; 88 percent from cocaine powder; and 77 percent from occasional use of inhalants.

Peer disapproval of drugs

- 76 percent of students reported that their close friends would disapprove if they smoked a pack of cigarettes daily.

- 74 percent reported that their close friends would disapprove if they drank alcohol regularly; however, fewer than half (43 percent) believed that their close friends would disapprove if they drank alcohol occasionally.
- 81 percent of students reported that their close friends would disapprove if they smoked marijuana occasionally.
- 93 percent said their close friends would disapprove if they used cocaine occasionally.

Other findings

- 86 percent of students reported it would be fairly or very easy for them to get cigarettes; 84 percent reported it would be easy to get alcohol; 57 percent, marijuana; and 27 percent, cocaine.
- 79 percent of 8th graders reported having learned about the effects of drugs in school.

**Information about drugs**

Youths in grades 7-8 need to know:

- how to identify alcohol, tobacco, marijuana, cocaine, inhalants, hallucinogens, and stimulants in their various forms;
- that use of alcohol, tobacco, and other drugs is illegal at their age;
- that experimenting with drugs is using drugs and does carry significant risks;
- how drugs are pushed and how society fights the drug supply problem;
- that laws about the use, manufacture, and sale of drugs are designed to protect people;
- the extent of the drug problem locally and the efforts of authorities to control it;
- how addiction affects individuals and their families;
- that smokeless tobacco and wine coolers are drugs which are both harmful and illegal for them;
- how steroid use can damage the body and mind;
- how and why the effects of drugs vary from person to person, especially immediately after use;
- how drugs affect different parts of the body, especially the circulatory, respiratory, nervous, and reproductive systems; and why drugs are dangerous for growing bodies and developing minds;
- how drugs interfere with the performance of physical and intellectual tasks;
- how drugs and AIDS are related; and

- how social influences such as media advertising, peer pressure, family influences, and community standards may promote drug use.

### Drug prevention education

Drug prevention lessons and activities in grades 6-8 should:

- encourage frank discussions about concerns related to drugs and drug use;
- focus on life skills such as problem solving, resisting peer pressure, developing healthy friendships, coping with stress, and communicating with adults;
- not glamorize drug use through the acceptance of drug-using behavior by some folk heroes such as musicians, actors, and athletes;
- emphasize that most people, including the vast majority of people their own age, do not use drugs;
- emphasize the development of personal and civic responsibility;
- emphasize the development of self-esteem;
- emphasize the development of healthy leisure activities, such as sports, music, art, clubs, and volunteering;
- emphasize the establishment of positive life goals, such as continuing education and developing work skills that will permit a legal income source; and
- emphasize the law and its consequences.

## Background

Early adolescence is often a time of conflict between youths and adults, especially parents. This is natural, because adolescence is a kind of rebirth, when developing bodies and minds encourage youths to test new identities and to question authority.

During this time, youths try to establish their own identity and ready themselves for becoming adults. This sorting out of who they are and what they will become creates stress and can lead to communication problems with adults. Because they look older and feel they should act older, young adolescents sometimes are distressed because they are not permitted or are not able, developmentally, to do adult things. Stress is compounded further by dramatic changes in their school and social lives, and by emotional upheaval which creates great swings in mood, from restless energy to anxiety and depression.

In grades 6 and 8, many youths are dealing with a new school program in which they are taught by a number of teachers. Instead of one or two teachers who know each student well, youths now have numerous teachers, more homework, and more demanding expectations for academic performance.

In their social life, friendships are critical; young adolescents could be together and talk almost endlessly. They begin to become interested in the opposite sex and are often confused about their feelings.

Young adolescents begin to make commitments and face decisions that involve risk. They often do not perceive their parents as appropriate sources of help and support: Peers have taken over as the primary influence in helping them make decisions.

Parents of students in grades 6-8 need special help to continue to be highly involved with their children. They must encourage their children to become more independent without abandoning them. Facing insolence, laziness, and self-centeredness, parents have a difficult time not being supercritical, highly judgmental, and authoritarian. Parents must keep communication lines open and listen to their children, offering informed advice and support.

Youths in grades 6-8 are very aware of drugs and are deciding whether to use them. Most youths in this age group who use drugs use tobacco and alcohol. Although most youths continue not to use drugs, they are aware of drugs, and they know who is using and who is selling drugs. This knowledge can be disturbing, if they do not know with whom to discuss the problem or whether they should seek help for a friend or relative with a drug problem.

## Parental participation

Parents must be involved in helping keep their children drug free by allowing them to assume more independence and develop personal and civic responsibility. Parents may need support from principals, teachers, and others who understand that being a parent of a child in early adolescence often poses problems.

To help parents help their children through a difficult time, schools may want to send parents the Guidelines for Communication (following) and the information in the teacher resource section at the end of document on specific drugs, and the list of resources. Schools also may want to send home information or arrange workshops for parents on how to relate to their children and how to discuss drugs. Guidelines for parents of students in grades 6-8 should include:

### Guidelines for Communication

- Be open and honest in communicating your expectations for behavior.
- Keep lines of communication open.
- Set a good example through your behavior and how you make decisions and solve problems.
- Know the facts about drugs, including street names for common ones and how they are sold and how they are used.
- Help your child assume civic responsibility by helping others, especially peers and younger children.
- Develop an awareness in your children that asking for help is a sign of strength.
- Know your children's friends and their families.
- Know where your children are and whom they are with.
- Do not judge, demean, or belittle your child, especially in front of others.
- Do not allow your child to attend parties or functions without adult supervision.
- Watch for signs of depression and mental illness.
- Encourage your children to ask questions, and especially to question your or other reliable sources.
- Build your children's self-confidence by acknowledging their talents, accomplishments, and positive character traits.

Schools should make these guidelines available for parents to review, discuss, and revise.

Youths in grades 6-8 are beginning to experience the stress of adolescence. They want to be independent and to establish a personal identity. As a result, they often behave in ways that violate the accepted community norms or that adults may believe to be inappropriate or wrong. Because of their independent style of dress, choice of music, and tendency to travel in groups and gangs, young adolescents can have difficulty relating to parents, teachers, and other adults in the community. Although youths in grades 6-8 tend to want to be with their peers as much as possible, they need extra measures of adult guidance, supervision, and understanding.

School programs that address the emotional and psychological, as well as intellectual, needs of 6th, 7th and 8th graders provide reinforcement to drug prevention efforts. However, communities also need to become involved with prevention efforts. Vulnerability in using or selling drugs is greater at this age than at any other age. Young adolescents face decisions about drugs, about sex, about staying in school, about their physical well-being, and about developing a personal philosophy of life. Adults need to help them make positive, healthy, responsible decisions.

School administrators and teachers have influence well beyond the classroom. Educators know youth and their needs and can speak powerfully on their behalf. Educators' knowledge and influence can be very persuasive in soliciting community support for drug prevention efforts.

Involving the community requires determining specific ways in which the local police, religious leaders, health and social service agencies, the news media, business leaders, merchants, park and recreation officials, planners, and other community leaders can work with the schools to help keep children off alcohol and other drugs.

School administrators and teachers can suggest that the community involve itself in drug prevention efforts in the following ways:

- Organize a task force or coalition of groups and individuals in the community committed to helping prevent alcohol and other drug use.
- Ask local businesses, employers, civic groups, and others to provide or help fund adequate recreation facilities and supervision for those facilities.
- Ask local businesses, employers, and others to provide or help fund drug recovery programs.
- Ensure that sidewalks and streets around school buildings are safe and in good repair.
- Support efforts to provide AIDS education, including information on how the AIDS virus is transmitted.
- Make sure that those who work with youth are trained, morally beyond reproach, and are positive, healthy role models.
- Provide opportunities to work with others in helpful ways (examples: volunteering in hospitals, nursery schools, nursing homes, camps).
- Provide opportunities for academic study, work, recreation, or community service during the summer vacation period.

- Publicize youths' accomplishments and positive activities through the news media—television, radio, newspapers.

- Help youth develop an understanding of the value of working for what they receive and the concept that to get anything at another's expense is wrong.

- Emphasize the value of education and encourage young people to stay in school and to get as much education as possible.

- Support and enforce laws and regulations designed to protect youths and others from becoming involved with illegal drugs (examples: prohibiting the sale of tobacco or alcohol to minors; prohibiting admittance to adult movies or sale of adult magazines).

- Ask local shopping malls to help sponsor drug information booths run by students and teachers from area schools.

## GRADES 6-8

| SUBJECT | LSN NO. | CONTENT | AOD NO. | CCGs | SUBJECT INFUSION |
|---|---|---|---|---|---|
| Art | 1 | Cartooning | 1, 9 | 1.3 | Home Room |
| | 2 | Design/Drawing | 1, 8 | 1.1 | Home Room |
| | 3 | Creative Drawing | 1, 8 | 1.2 | |
| | 4 | Advertising | 6-9 | 3.0 | Reading |
| | 5 | Poster Design | 3, 9 | 4.3 | Reading |
| | 6 | Advertising | 9 | 1.1 | Reading |
| | 7 | Advertising | 2, 9 | 3.0 | Reading |
| Health | 8 | Drug ID | 4, 8 | 1.0E | Writing Research |
| Language Arts | 9 | Information Collection | 4 | 2.7 | Writing Research |
| | 10 | Mime | 6-8 | 1.5 | Drama |
| | 11 | Ice Breaker | 1, 8 | 2.2 | Speech, Home Room |
| | 12 | Peer Pressure | 6-8 | 2.13 | Speech, Drama, Health |
| | 13 | Video of Problem Behavior | 6 | 2.14 | Speech, Drama |
| | 14 | Self-Advertisement | 1 | 2.4 | |
| | 15 | Self-Esteem | 1 | 2.4 | Home Room |
| | 16 | Stereotyping | 1 | 2.5 | Drama, Home Room |
| | 17 | Peer Influence | 3, 6 | 1.5 | Drama, Home Room |
| | 18 | Financial Effects/Spread Sheet | 4 | 2.15 | Computer Math |
| | 19 | Letter Writing | 4, 10 | 2.15 | Computers |
| | 20 | Persuasive Letter | 4, 6, 10 | 2.15 | Computers, WP |
| | 21 | Information Collection | 4 | 2.15 | Computers |
| | 22 | Information Collection | 4 | 1.16 | Computers |
| Math | 23 | Percentage | 4 | 5.2 | Health, Science |
| | 24 | Ratio and Proportion | 4 | 2.2 | Health |
| | 25 | Financial Implications | 4 | 6.1 | |
| Music | 26 | Role Modeling | 1, 6 | 2.5 | |
| Physical Educ | 27 | Exercise | 3 | 1.4E, 1.2C | |
| Science | 28 | Scientific Method | 7 | 2.10 | Role Playing |
| | 29 | Effects of Chemicals on Animals | 3, 4 | 5.6 | |
| | 30 | Inhalants | 4 | 5.6 | |
| | 31 | Central Nervous System/Vision | 4, 7 | 1.1 | |
| | 32 | Consumer Ads | 9 | 5.2 | Reading |
| | 33 | Lungs | 1, 3, 4, 6, 7, 8 | 6.0 | |
| | 34 | Observations | 4 | 5.2 | Career |
| | 35 | Effects of Chemicals on Body Systems | 4 | 1.11A | |
| Social Studies | 36 | Family and Friends | 1 | 5.6 | Language Arts |
| | 37 | Friendships | 1, 3 | 5.7 | Home Room |
| | 38 | Peers | 1 | 5.3 | Reading |
| | 39 | Citizenship | 2, 4, 7, 8 | 9.4 | |

| SUBJECT | LSN NO. | CONTENT | AOD NO. | CCGs | SUBJECT INFUSION |
|---|---|---|---|---|---|
| | 40 | Goal Setting | 1, 7 | 7.5 | Home Room, Guidance and Counseling |
| Vocational Ed | 41 | Self-Esteem | 1 | | Home Room |
| | 42 | Refusal Skills-Puppets | 6-8 | | Lessons 11, 13<br>Home Economics |
| | 43 | Self-Worth | 1, 10 | | Career Education |

LESSON #1

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Art

LESSON OBJECTIVES:

Content Area: Cartoon Techniques—making bookmarks. CCG: 1.3

AOD Prevention: Awareness of "positive statements," communication of positive statements. AOD: 1, 9

LESSON DIRECTIONS: Review cartooning techniques and explain "positive statements."

Group discussion and brainstorming of "positive statements."

Each student will pick theme(s), do at least two different designs and have teacher approval before handing in the finished work (completed in felt pen). Designs can be with or without words.

One design from each student will be picked by the teacher, signed by the student, and then multiple copies will be made by the teacher.

Each bookmark will be covered with clear contact paper.

Time:

Follow-up: The bookmarks will be put in the library to be handed out each time a student checks out a book.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #2

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Art

LESSON OBJECTIVES:

Content Area: Design principles, drawing. CCG: 1.1

AOD Prevention: Self-esteem: positive descriptive words about self. AOD: 1, 8

LESSON DIRECTIONS: Give each student a manila folder on which is already printed at the top: Drawing by:________________________________________.

Intro Lesson

1. Share a list of positive adjectives—student may volunteer their own to add to the list.
2. 5 x 7 cards (15-20 minutes)
    - Students put their name in the center of a card, then pass it around among team members.
    - Each team member writes one positive adjective on each of the other cards.
    - When complete, each person tells the other person why they chose that word.
3. Ask each student to create a design on their cover using their name and two positive descriptive words about themselves (from their cards or their own idea). (25-30 minutes)

Explain design principles; lead a short class discussion, if appropriate (form, shape, balance, color).

(Optional: Approve prospective student designs before completion.)

Time: 45 minutes total

Follow-up: Use folders in the room to hold conference work, makeup work, etc.

Have students share their designs with one another.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Manila folder for each student, felt pens, pencils, 5 x 7 cards.

TEACHER PREP:

TEACHER BACKGROUND: List of adjectives and characteristics.

SOURCE:

LESSON #3

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Art

LESSON OBJECTIVES:

Content Area: Creative drawing. CCG: 1.2

AOD Prevention: Feelings: expression and communication. Using art as a way to manage stressors. AOD: 1, 8

LESSON DIRECTIONS: Explain that everyone feels uncomfortable sometimes.

We might feel bad physically (from a headache or upset stomach) or emotionally. No matter why we are feeling bad, we should express our feelings rather than try to ignore them. Some people use alcohol, tobacco, or other drugs to try to cover up uncomfortable feelings rather than talking about those feelings with someone who can be sympathetic and helpful. Another form of communication can be through artistic expression, which serves as an outlet for our feelings.

Provide students with a canvas board, paints, markers, charcoal, pastels, and other available materials. Have students identify an uncomfortable feeling and express it through the use of color, inanimate objects, and a variety of media.

Show student artwork one piece at a time. Have students try to guess what feeling each work represents. Display all artwork. Point out different media, and varieties of media used. Ask students to answer the following questions:

- Which media was most effective in expressing feelings?
- Which media was used most often? Least often?
- What colors were used most often? Least often?
- How can art help us to express all feelings, not just uncomfortable ones?

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Canvas boards, paints, markers, charcoal, pastels, other art supplies.

TEACHER PREP: It might be appropriate to bring in some professional artwork and discuss which feelings the artist might have been trying to express before having students attempt this assignment.

TEACHER BACKGROUND:

SOURCE:

LESSON #4

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Art

LESSON OBJECTIVES:

Content Area: Examine different advertising strategies. CCG: 3.0

AOD Prevention: Decision making, resisting peer pressure. AOD: 6, 7, 8, 9

LESSON DIRECTIONS: In a group setting, have students brainstorm why advertising is effective and why companies spend millions on ad campaigns.

Organize the class into groups of four, hand out scissors and a variety of ads to each group. Have students analyze their ads and discuss what the appeal is.

Distribute the handout, "Promotional Techniques," and have students categorize advertisements as to the techniques utilized; classify each ad into the primary technique classification; and how many secondary strategies are used. Students trim, stack, and label ads for later use.

Hand out a copy of the five-point Refusal Skills Plan and discuss it. The teacher facilitates a class discussion about the following questions:

1. What is the primary purpose of advertising? (To sell a product, make money.)
2. Why do advertisers offer free samples? (To allow consumers to test products with hopes of establishing future customers.)
3. Why do you think first-time marijuana smokers nearly always receive their first "joint" free? (Product trial and hope to establish a customer.)
4. Does an advertiser consider the buyer's welfare? (No—the primary goal is to sell the product.)
5. Is the "friend" who urges you to try alcohol or drugs considering your welfare? (No—he/she has a personal reason for involving you.)
6. Why do advertisers use so many techniques? (Appeal: you look more successful, smarter, sexier, you are a leader, etc.)
7. What does "You're either in or you're not. Are you a chicken?" mean to you? (Fear of rejection, not being included also appeals to pride; you need to prove their charge wrong.)

8. What, as motivating factors, do appeal and fear have in common? (Both are designed to make you forget your reasons for rejecting the product, overcome your resistance, rule out your usual logical, common sense decision.)
9. Will the "right" brand of alcohol (tobacco—anything else) make you a better friend, make you better looking, smarter, etc.? (Of course not.)
10. Will following "friends" into drug use help you reach personal goals you can be proud of? (NO!)

If the teacher elects to have a written response from each group, the group elects a recorder to write names of group members involved at the top of the response. After the group reaches consensus, all who agreed with the answer initial it. If any did not agree, check with them (after collecting and checking responses) to see why they did not agree with the group.

The teacher hands out 11 large poster papers and divides the class into groups of two or three. Students label the posters with different advertising technique headings and glue the ad (handed out and classified earlier) to the appropriate poster. Or the teacher places one large long sheet of poster paper on the floor and has the whole class work on a technique-labeled collage of all the ads. Students bend colorful pipe cleaners to make ad "pitch-men" to accompany each different technique-group.

Display advertising poster (or posters). Ask students which technique appeals to them the most. Does it appeal to vanity?

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Pencils, paper, construction paper, poster board, scissors, glue, pipe cleaners, a generous assortment of colored advertisements from a dozen or more magazines, blackboard, copies of handouts: "Promotional Techniques" (one per student), "Refusal Skills Plan" (one per student).

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## PROMOTIONAL TECHNIQUES

"TELL IT LIKE IT IS": straightforward information.

"SOMETHING NEW HAS BEEN ADDED": new formula, same product.

CELEBRITY APPROACH: product endorsed by a well-known person.

FOUNTAIN OF YOUTH: product designed to make the viewer feel and look younger and to be more attractive to the opposite sex.

DOWN HOME FOLKS: product endorsed by an average American who could pass for the friendly person from your hometown.

BONUS OFFER: special inducements such as bonuses, coupons, rebates, opportunities to win prizes, etc.

SEX APPEAL: use of beautiful, attractive, sexy-type people to talk about or represent the products.

HUMOR: use of humor to attract attention of audience.

MAN ON THE STREET APPROACH: product gets endorsement from a skeptical person.

COMPARISON TEST: product is compared with another leading brand to show that this product has more to offer or is better.

LIKE FATHER/LIKE SON
LIKE MOTHER/LIKE DAUGHTER: product gets endorsement from members of the family.

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From "Me-Me, Inc.," Drug Presentation
Education Program, Appleton, WI 1980

LESSON #4b
Art

## REFUSAL SKILLS PLAN

1. Find out if you are risking getting into trouble.
   Ask questions
   "What are we going to do at the store?"
   "Do you have any money?"

2. Tell the other person what kind of trouble you are risking. Use its real name if you know it.
   Name the trouble
   "That's theft."
   "That's burglary."
   "That's minor consumption (possession)."
   (Besides legal troubles, there are school, home, or personal value troubles.)

3. Tell the other person what you stand to lose.
   Identify consequences
   "I could be put in detention."
   "I could be suspended from school."
   "I could be grounded."

4. Suggest something else to do that is legal.
   Suggest alternatives
   "Why don't we go over to Sue's house? Bob will be there."
   "Let's go get a pizza. I'll buy!"
   (Sell the idea and physically move towards it.)

5. Leave, and invite them to join you later if they change their minds.
   Leave
   "If you change your mind, I'll be at my house."

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Art

LESSON OBJECTIVES:

Content Area: Poster design and composition; visual persuasion and influence. CCG: 4.3

AOD Prevention: Media advertising. Recognize influences and consequences for consumers of advertising of alcohol and tobacco products. AOD: 3, 9

Wellness. Promote healthy attitudes.

LESSON DIRECTIONS: Discuss the contradictions in our society caused by acceptance of drug use along with the promotion of healthy attitudes (e.g., using pain killers after an aerobic workout).

Have students create advertisements promoting a drug-free lifestyle (video; collage).

Have students design a media campaign promoting health, including television ads, billboards, magazine ads, and articles.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP: Bring in some full-page ads that promote acceptance of drug use to use in discussion.

TEACHER BACKGROUND:

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Art/Reading

LESSON OBJECTIVES:

Content Area: Advertising: purpose, techniques. CCG: 1.1

AOD Prevention: Recognize influences and consequences for consumers of advertisements about alcohol and tobacco products. AOD: 9

LESSON DIRECTIONS: Explain to the students that the purpose of an advertisement is to get across a clear message as to what is being sold, presented, etc. Design, media, and use of color relate to what is being advertised.

Have students design an advertisement that tells the truth about alcohol, tobacco, and other drugs.

Give students the option to use an ad that already exists, but strongly encourage originality and creativity.

Time:

Follow-up: Display around school the advertisements that best meet the above objectives through use of given media.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Poster board cut to desired size. Pastels, colored pencil, pen and ink, felt pens, and paint.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #7

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Art

LESSON OBJECTIVES:

Content Area: Media and advertising. CCG: 3.0

AOD Prevention: Social and psychological pressures and enticements used in advertising alcohol and tobacco and over-the-counter medicines. AOD: 2, 9

LESSON DIRECTIONS: Ask students to bring to class examples of advertisements from magazines and TV for over-the-counter (OTC) medicines. Lead the class in examining the subtle messages in the ads such as the idea that coping with problems requires chemicals.

Examples:

- Sleeping pills for a good night's sleep.
- Pain killers for stress-induced aching.

Read the information from Teacher Background to the class and note key facts and statistics.

Divide the class into small groups. Have each group create an advertising campaign to promote chemical-free methods of coping with problems. Use a video camera.

Have each group present their campaign to the class.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Sample ads to discuss with students when assignment is given to clarify what teacher is looking for and help students remember the assignment.

TEACHER PREP:

TEACHER BACKGROUND: Although many of America's adult population are regular newspaper readers (American Newspaper Publishers Association, 1979), television still remains at the top of the "most influential medium" list. With the U.S. sporting almost 86 million TV homes, 57% of which have more than one set and 93% which have color sets, it isn't the least bit surprising to discover that the average American household spends 49 hours and 49 minutes per week watching television (approximately 7 hours/day). (A.C. Nielsen Company, 1986.)

Since Americans spend that much time in front of the television, it should not be surprising to find that by the 1950s the U.S. was spending more money on advertising than on religion and education. Advertising, whose sole purpose is to stimulate demand for products, has managed to turn the pharmaceutical business into a $25 billion industry (Wang, 1985). These companies repeatedly advertise over-the-counter drugs for everything from constipation and diarrhea to backaches and headaches, and the like.

SOURCE: From *Drugs and Society*, Richard Schlaadt. Prentice-Hall.

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Health

LESSON OBJECTIVES: Students will be experts on the effects of gateway drugs through cooperative learning.

Content Area: Research and presentations on gateway drugs. CCG: 1.0E

AOD Prevention: Understanding the effects of gateway drugs on physiology/psychological and social development of human beings. AOD: 4, 8

LESSON DIRECTIONS: Abstract of Lesson: Using the jigsaw method of cooperative learning, participants will become "experts" on gateway drugs: tobacco, alcohol, inhalants, and marijuana. The experts will then work in partners and devise a plan to teach the information to a small group. In this way, each student in the class will learn about four gateway drugs. The final segment asks students to create posters designed to discourage the illegal use of alcohol and other drugs.

NOTE: This lesson can serve as a generic learning tool for peers teaching peers about any social problem or subtopic. For example, this lesson has been modified by the PACT Project to allow peers to teach peers different facets of steroid abuse. Within the realm of prevention, the jigsaw method may also be applied to topics such as Children of Alcoholics, smokeless tobacco, drunk driving, or alcohol and pregnancy. The jigsaw method may be used outside the classroom as well, in support groups or other teen assistance programs.

Background Information: Tobacco, inhalants, alcohol, and marijuana are called "gateway" drugs because research on the prevention of alcohol and other drug abuse has determined that there is a progression of use from these gateway drugs to multiple drug use and problematic behavior. These drugs appear, in effect, as prerequisites to other drugs. Therefore, stopping or delaying the onset of use of gateway drugs is a critical focus of alcohol and other drug abuse prevention strategies.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES: Use the jigsaw method on different topics (i.e., birth defects, legalization, drugs in the workplace) or different drugs (i.e., LSD, Cocaine, Heroin, Crack).

MATERIALS NEEDED: See bibliography.

LESSON #8
Health

TEACHER PREP: May use library and school resources. Make a project of research outside school. Use computer access.

TEACHER BACKGROUND:

SOURCE: Cooperative Learning Strategies—jigsaw method.

## BIBLIOGRAPHY

References:

Aronson, Elliot. ***The Jigsaw Classroom***, Sage Publications, 1978.

Cangelosi, James S. ***Cooperation in the Classroom: Student and Teacher Together***, Washington, D.C.: National Education Association Publication, 1986.

Johnson, D.; R. Johnson, E. Holobee and P. Roy, ***Circles of Learning: Cooperation in the Classroom***, Association for Supervision and Curriculum Development, 1984.

+Pollich, M.; P. Ellickson, P. Reuter and J. Kahan, ***Strategies for Controlling Adolescent Drug Use***, The Rand Corporation, 1984.

Slavin, Robert E. ***Cooperative Learning: Student Teams***. Washington, D.C.: National Education Association, 1988.

NOTE: Above books from NEA Publications can be ordered by phone: (203) 934-2669.

Resources:

American Cancer Society National Headquarters
90 Park Avenue
New York, NY 10016
(or contact your local chapter)

“Dangers of Smoking—Benefits of Quitting” [pamphlet], New York, NY: 1980.
“The Decision Is Yours” [pamphlet]
“Dipping is for Dips” [pamphlet], 1987. Order no. 6480.15.
“Don’t Bite Off More Than You Should Chew” [pamphlet], 1986. Order no. 2643-LE.
“Why Start Life Under a Cloud?” [pamphlet] Order no. 3401.10-LE.

National Clearinghouse for Alcohol and Drug Information (NCADI)
PO Box 2345
Rockville, MD 20852
(301) 468-2600

NOTE: A clearinghouse is an intermediary for information and resources from many different sources. Clearinghouses provide easy access to research, reports, brochures, camera-ready materials and a variety of topical and educational materials. When contacting a clearinghouse always ask for a current catalogue. The National Clearinghouse for Alcohol and Drug Information (NCADI) has an information specialist to help you. Call and explain the grade level and subject you are teaching. Ask for their assistance in identifying materials that would be age-appropriate for the expert groups. Materials are free.

Alcohol and the Body: Update. (1985) #MS251
Facts About Alcohol. (1988) #RPO106
Fetal Alcohol Syndrome: Fact Sheet (1985) #MS303

*Ask for NCADI's "Be Smart, Don't Start" camera-ready materials and other resources!
"Cocaine/Crack, The Big Lie" [booklet], Order No. PHD05
"Use and Consequences of Cocaine" NIDA Capsule, 1986, order no. CAP07. (3 pages)
"Marijuana," NIDA Capsule, 1986, order no. CAP 12. (3 pages)

NOTE: You can also call the Government Printing Office at (202) 783-3238 to obtain reprints of these materials if NCADI no longer stocks them. But do check with NCADI first.

Food and Drug Administration, Anabolic Steroids: "Losing at Winning" [pamphlet], U.S. Department of Health and Human Services, Publication No. 88-3171 (may be available through NCADI).

Hazelden Educational Materials
Pleasant Valley Road, Box 176
Center City, MN 55012-0176
(800) 328-9000 (800) 257-0070 MN only

The Learn About Series is $0.60/16 page pamphlet
"Alcohol" #1343B
"Alcohol and Pregnancy" #1348B
"Alcoholism" #1344B
"Children of Alcoholics" #1352B
"Families and Chemical Dependencies" #1354B
"Women and Alcohol" #1351B

Secretary, Department of Health and Human Services. ***The Sixth Special Report to the U.S. Congress on Alcohol and Health***, 1987. U.S. Department of Health and Human Services, National Institute on Drug Abuse, Rockville, MD 1987.

NOTE: This document can be ordered from the Government Printing Office at (202) 783-3238. It costs $8.00 per copy. The turnaround time is 3 weeks if paid by credit card and 4-5 weeks if paid by check.

Secretary, Department of Health and Human Services. ***Drug Abuse and Drug Abuse Research: The Second Triennial Report to Congress***. U.S. Department of Health and Human Services, National Institute on Drug Abuse, Rockville, MD 1987.

Tennant, Forest, M.D., "Anabolic Steroids" [pamphlet], Veract, Inc., 338 S. Glendora Ave., West Covina, CA 91790, (818) 821-0775 (CA) or (818) 919-7476.

INSTRUCTOR TIP: Contact your local National Council on Alcoholism (NCA), your local County Health Care Agency's alcohol and drug programs, and your local chapters of the March of Dimes, American Cancer Society, American Lung Association and American Heart Association to receive additional free information that includes pamphlets for use with cooperative learning groups.

LESSON #9

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Writing letters requesting information. CCG: 2.7

AOD Prevention: Identify sources of professional help. AOD: 4

LESSON DIRECTIONS: Review letter writing procedures.

Have students write a letter requesting information from the following resource list.

Place a "mailbox" in the room and have students write anonymous letters asking questions about drugs or drug-related issues.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Cardboard box for "mailbox."

TEACHER PREP:

TEACHER BACKGROUND:

National Institute on Alcohol and Alcohol Abuse
Clearinghouse for Alcohol Information
PO Box 2345
Rockville, MD 20852

National Institute on Drug Abuse
Clearinghouse for Drug Information
U.S. Dept of Health and Human Services
Kensington, MD 20852
1-800-638-2045

Alcohol, Drug Abuse and Mental Health
Administration
5600 Fishers Lane
Rockville, MD 20852

Cocaine Helpline
(Round the Clock Information and Referral Services)
1-800-COCAINE

LESSON #9
Language Arts

Oregon Prevention Recourse Center
555 24th Pl, NE
Salem, OR 97310
(503) 378-8000
1-800-822-6772
FAX (503) 378-8467

Office of Substance Abuse Prevention
7200 Wisconsin Ave
Suite 500
Bethesda, MD 20814-4820

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8

SUBJECT AREA: Language Arts/ Drama

LESSON OBJECTIVES:

Content Area: Acting out roles, mime techniques. CCG: 1.5

AOD Prevention: Refusal skills. AOD: 6, 7, 8

LESSON DIRECTIONS: Introduce the five steps of refusal skills: ask questions; identify trouble; name consequences; suggest other activities; move.

Discuss with the students the five steps of refusal skills, giving examples to students and taking examples from students (give positive examples as compared to negative examples).

Pair students up, having one student's sole purpose to persuade the other student to attend a party where alcohol and pot are going to be used. Facial expressions, use of hands/body language would be the only lines of communication.

Have the other student, through facial expressions, hands, and body language communicate back to his/her partner that there are better options. Encourage originality and creativity in role playing.

After role playing, open discussion with students' observations of refusal skills used.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Handout: "Refusal Skills Plan."

TEACHER PREP:

TEACHER BACKGROUND: Many effective skits can be developed using "6 Ways to Say No and Keep Your Friends."

1. Say no, give a reason.
2. Say no, maybe later.
3. Say no, use humor.
4. Say no, give a compliment.

5. Say no, change the subject.
6. Say no, suggest an alternative activity.

Suggestion:

Eighth graders can present to elementary students as a peer helper activity.

SOURCE:

LESSON #10a
Language Arts/Drama

## REFUSAL SKILLS PLAN

1. Find out if you are risking getting into trouble.
   Ask questions
   "What are we going to do at the store?"
   "Do you have any money?"

2. Tell the other person what kind of trouble you are risking. Use its real name if you know it.
   Name the trouble
   "That's theft."
   "That's burglary."
   "That's minor consumption (possession)."
   (Besides legal troubles, there are school, home, or personal value troubles.)

3. Tell the other person what you stand to lose.
   Identify consequences
   "I could be put in detention."
   "I could be suspended from school."
   "I could be grounded."

4. Suggest something else to do that is legal.
   Suggest alternatives
   "Why don't we go over to Sue's house? Bob will be there."
   "Let's go get a pizza. I'll buy!"
   (Sell the idea and physically move towards it.)

5. Leave and leave the invitation open to join you later if they change their mind.
   Leave
   "If you change your mind, I'll be at my house."

LESSON #11

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8

SUBJECT AREA: Language Arts/ Speech/Drama/Home Room

LESSON OBJECTIVES:

Content Area: Making verbal social contact with others. Icebreaker. CCG: 2.2

AOD Prevention: Self-esteem; asserting self with people you know, communicating with others you don't know, in a social setting. AOD: 1, 8

LESSON DIRECTIONS: Teacher or facilitator explains purpose of the exercise: to meet new people, mingle in a group, and initiate conversation.

Students are each given a scavenger hunt list and they are to find others in the room who fit those categories.

When you find someone who fits a category, have him/her sign their name on that line.

You may only ask two questions to any one person—no more!

The first person who gets all items signed and brings a completed form to the teacher will win a prize and end the game. (Allow at most 5 minutes.)

Time:

Follow-up: Ask students to share: How many were able to fill out their sheet? Was there a category you had difficulty filling out? How did you feel about this exercise?

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Scavenger Hunt List and prizes.

TEACHER PREP:

TEACHER BACKGROUND: Recommend using early in year as a "getting to know" exercise.

SOURCE:

LESSON #11a
Language Arts/Speech/
Drama/Home Room

## SCAVENGER HUNT

This is a person-to-person scavenger hunt. Walk around and try to find someone in this group who matches each statement. Have them sign their name on the line next to the statement. This is your chance to get to know everyone here. Have fun!

1. Someone with the same color eyes as you. ______________________________
2. Someone born in the same state as you. ______________________________
3. Someone who lives in a house where no one smokes. ______________________________
4. Someone who has the same astrological sign as you. ______________________________
5. Someone who likes to sing in the shower. ______________________________
6. Someone who has the same favorite dessert as you. ______________________________
7. Someone who has lived outside of Oregon. ______________________________
8. Someone who has 7 or more letters in their first name. ______________________________
9. Someone who likes to exercise. (what kind?) ______________________________
10. Someone who watches less than five hours of TV per week. ______________________________
11. Someone who can cross his or her eyes. ______________________________
12. Someone who has been told in the last week that he/she is loved or is special. ______________
13. Someone who feels it is okay to cry. ______________________________
14. Someone who walks to school. ______________________________
15. Someone who has 6 or more people in his or her family. ______________________________
16. Someone who is the youngest in the family. ______________________________
17. Someone who loves comic books. ______________________________
18. Someone who would like to write a book. (about what?) ______________________________
19. Someone who can speak two languages. (which ones?) ______________________________
20. Someone who delivers newspapers. ______________________________

21. Someone who has been hugged by a teacher. ______________________________

22. Someone who has a pet. ______________________________

23. Someone who has seen the same movie at least 3 times. ______________________________

24. Someone who likes to cook. ______________________________

25. Someone who loves to laugh. ______________________________

26. Someone who is a Natural Helper! ______________________________

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8

SUBJECT AREA: Language Arts/ Speech/Drama/Health

LESSON OBJECTIVES:

Content Area: Group norms—influences. Expression/ communication through actions. CCG: 2.13

AOD Prevention: Peer-social influences. Problem solving, decision making. AOD: 6, 7, 8

LESSON DIRECTIONS: Discuss things students do to "fit in" with their group of friends. For example, they might change:

- The type of music they listen to.
- The type of clothes they wear.
- Their hair style.

Point out that these are all forms of peer pressure (trying to influence someone to do what they normally would not do). For example, students can persuade each other not to use drugs. Explain that peer pressure can be positive as well as negative. Divide the class into pairs and have each pair choose a dilemma from the handout "Peer Pressure Dilemmas." Tell the students to think carefully about what they would do if they were in this situation. Then have each group act out appropriate actions to take for solving the dilemma for other students in the class.

Have them create their own dilemmas also.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Handout: "Peer Pressure Dilemmas."

TEACHER PREP:

TEACHER BACKGROUND: A good source/reference for refusal skills can be found in "Peer Pressure Reversal" by Sharon Scott. This would also be an appropriate time to mention the availability of counseling or other school support systems and community-based help.

SOURCE:

LESSON #12a
Language Arts/Speech/
Drama/Health

Name ______________________________ Date ____________________

## PEER PRESSURE DILEMMAS

### DILEMMA #1:

You go to the park with your friends after school. They start passing around a marijuana cigarette and ask you to smoke with them. You don't want to be different, but you dont want to smoke either. What can you do?

### DILEMMA #2:

After school, a few kids you know hang around to talk. One of the kids lights up a marijuana cigarette and starts passing it around. Everybody else starts smoking, but you tell them "no, thanks." They start calling you names like "chicken" and "baby." What can you do?

### DILEMMA #3:

You have never tried marijuana, and you don't want to. You're over at your best friend's house one afternoon and he tells you he smokes marijuana. How would it make you feel? What can you say to him?

### DILLEMA #4:

You find out that your sister smokes marijuana. You tell her you think it is bad for her, and you wish she would stop. She promises you that she won't do it anymore. A few days later, you hear her tell her friend she is smoking marijuana again. What can you do?

### DILEMMA #5:

A friend has been smoking marijuana every day for a while now. He sys he likes the feeling it gives him and he doesn't see how it could be doing him any harm. You have head many people say that it is much more harmful than it seems. How would you convince him that he should quit? Come up with arguments that confront your friend's denial of the problem.

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | 6-8 | SUBJECT AREA: Language Arts |
| LESSON OBJECTIVES: | | |
| Content Area: | Apply knowledge of video production by filming skits. | CCG: 2.14 |
| AOD Prevention: | Recognize and role play six problem behaviors common to adolescence. | AOD: 6 |

LESSON DIRECTIONS:

Discuss six problem behaviors with class: whiner, bully, wet blanket, sheep, gossip, perfectionist.

Divide into equal groups and assign or let groups pick a behavior to construct a skit with script to be taped (a typical situation that is real to your school).

Give practice time and scene selection time (scenes in various parts of your school).

Fine-tune—practice-run.

Final video—include intro, credits; at the end of video, give information on how to get along successfully with others.

Time:

Follow-up: If the product ends up looking great, you could try to market it to other schools in your area.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Video camera, TV monitor and VCR.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #13a
Language Arts

## “GETTING ALONG WITH OTHERS” VIDEO
### Suggested Guidelines

1. Select your choice of music for introduction, breaks and ending.

2. List your credits.

3. Problem behaviors to be acted out:

   Wet Blanket: negative attitude, ruins everyone’s plans by backing out often at the last minute.

   Whiner: constantly complaining, sees him/herself as a victim.

   Bully: aggressive, appears to get pleasure from pushing others around.

   Gossip: spreads rumors about others to make him/herself feel important.

   Perfectionist: everything he/she does has to be perfect and expects others to be perfect too.

   Sheep: a follower, never speaks up for self, goes along with whatever anyone suggests, low self-esteem.

   With the class in groups, have each group come up with a script and skit complete with props. Some key adults in your school to whom kids might be likely to display these problem behaviors (i.e., librarian, principal, teachers) could be included.

4. How to get along with others. This portion of the video suggests skills to be developed.

   a. Put yourself in the place of others. We all have human needs regardless of race, creed, social, or economic level. We all need respect and understanding and want to feel needed. Remember: do unto others . . .

      How? Practice listening to yourself react, then listen to others and try to become that person for a moment. You don’t have to like everyone! Empathize with them and understand what it is that they really need.

   b. Accept differences. They may have a different style.

      1) Structured: may have a little or a lot, may have a plan or like to “fly by the seat of their pants.”

      2) Emotional: may share feelings easily or be very reserved and laid back.

      3) Sensing: may be a talker who likes to discuss, seer who likes to see for him/herself, or a toucher who likes to do things and stay busy.

These differences apply to all people, kids and adults alike.

c. Don't expect too much. Some people mature slower than others.

d. Be willing to compromise. Work out your differences with others or go your own way. This can be verbally, physically, or emotionally (don't care anymore).

e. What should you do?

   1) Take time out.

   2) Explore the options, brainstorm the possibilities then role play it out to see if it will work.

5. The ending should have the message that we all need people skills in order to improve the way we get along with others and make life more fun.

LESSON #14

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Writing skills. CCG: 2.4

AOD Prevention: Self-esteem, self-worth. AOD: 1

LESSON DIRECTIONS: Have the students prepare an advertisement about themselves.

**For Sale (or Long-Term Lease)**

One person, age _____, with the following special talent(s).

1.
2.
3.

I can use these talents to ________________________________.

Time:

Follow-up: Post cards on the bulletin board.

MODIFY FOR HIGHER-LOWER GRADES: For lower achieving students, some discussion of strong points/talents might be necessary.

MATERIALS NEEDED: 3 x 5 cards for ads.

TEACHER PREP: Some students will need help identifying their skills. This help could be in a cooperative group or individual. Strong points could be honesty, follow-through, supportive, artistic, musical, friendly, humorous, hard worker, etc.

TEACHER BACKGROUND:

SOURCE:

LESSON #15

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8

SUBJECT AREA: Language Arts/ Home Room

LESSON OBJECTIVES: The student will increase his/her self-esteem by having other students in the class write something positive about him/her. The student will compliment others in the class.

Content Area: CCG: 2.4

AOD Prevention: AOD: 1

LESSON DIRECTIONS: As an introduction to what compliments and positive statements are, students will put their own name in the middle of a sheet of paper and then fold it closed. Then give each student 30 seconds to write a compliment about the student whose name is on the paper as the paper is passed around the class. The student then reads his/her compliments and writes short paper on why he/she is special (i.e., Joe: friendly, nice, fun, OK, good dresser, handsome, etc.).

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Poster paper, various colored markers (enough for everybody in class to have!).

TEACHER PREP: Discuss positive comments and making other people feel good about themselves. Discuss "put ups" versus "put downs."

TEACHER BACKGROUND:

SOURCE:

LESSON #16

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Language Arts/Speech/Drama/Reading/Home Room

LESSON OBJECTIVES:

Content Area: Identify role or stereotype "labels." Identify and express own feelings about labels given to them by others. CCG: 2.13

AOD Prevention: Self-esteem, feelings, awareness. AOD: 1

LESSON DIRECTIONS: This is a brainstorming activity to come up with labels that students give to others (e.g., class clown, troublemaker, brain, jock). Teacher leads the brainstorming for labels and records those labels.

Write various labels from the list onto 3 x 5 cards for students' role playing.

Each student makes a headband and puts it on his/her head.

Begin with a group of 6-8 students coming up to the front of the class. Teacher tapes a different label onto each student's headband—on the forehead, facing out so the student cannot see what it is, but others can.

Give students about two or three minutes to interact with each other according to the labels that students are wearing. Interactions and "script" are spontaneous, so teacher will have to coach and facilitate as necessary. Rest of class observes.

After 2-3 minutes, have students remove their headbands, see what label they were each wearing, and discuss their feelings about having others interact with them as if they were that label.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: 3 x 5 cards upon which to write labels. Chalkboard and/oroverhead to record labels students have brainstormed. Strips of paper 1" x 24" to tape together and use as headbands.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #17

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Language Arts/Drama/Reading/Home Room

LESSON OBJECTIVES:

Content Area: Show emotions while acting. CCG: 1.5

AOD Prevention: Making health and safety choices in AOD situations. Peer influence—helping friends make healthy and safe choices. AOD: 3, 6

LESSON DIRECTIONS: Have students read pamphlets, statistics, and responses to drunk drivers. Brainstorm all the actions a person can take to deal best with a drunk driver. Have students discuss the emotions they would relate to different actions by different people.

Have students set up different situations and discuss how the emotions change with the situation: e.g., buckling up laughingly versus taking the keys away from a friend versus calling the help line.

Have students identify how the emotions change in each situation as the people in that situation change. Set up a situation that involves someone you don't know, someone you do know, and someone very close to you. What are the emotions? How do the people or situations involved change the emotions?

Practice so that people can identify what emotion is involved. Could another emotion be more appropriate and be more effective? Try different emotions out for different situations.

Time:

Follow-up: What people make what emotions work? What emotions aren't you good at acting out? Work on developing them.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Various handouts and what people can do from Oregon Traffic Safety Commission.

TEACHER PREP: Get information from your drug and alcohol specialist or contact OPRC.

TEACHER BACKGROUND:

SOURCE: Oregon Traffic Safety Commission
400 State Library Building
Salem, OR 97310.

LESSON #18

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Apply spreadsheet skills. CCG: 2.15

AOD Prevention: Evaluate the financial implications of a drug use habit for a period of one year. AOD: 4

LESSON DIRECTIONS: Prerequisite skills

Use of computers or calculators.
Knowledge of spreadsheet creation (row/columns/formulas, etc.).

Directions

Teach fundamentals of creating spreadsheets.

Have students select a drug for topic.

Student researches cost of that drug.

Student determines use level(s) over a period of one year beginning at experimental use to occasional use to regular use to abusive use, addictive use.

Student plugs in "use" numbers and cost/use to spreadsheet.

Student inserts formulas for "total" column results.

Time:

Follow-up: Publish results in school newspaper.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Software for spreadsheet (e.g., Apple/Commodore "Educalc"), computers and printers, numbers for stages of use.

TEACHER PREP: Suggestion: if no access to computer, use calculators.

TEACHER BACKGROUND:

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Letter writing, word processing. CCG: 2.15

AOD Prevention: Identifying sources of AOD help and resources from local and national agencies. AOD: 4, 10

LESSON DIRECTIONS: Review letter writing procedures and then have students write letters to drug abuse prevention agencies requesting posters, pamphlets, statistics, reports, or other data concerned with drug abuse (see addresses under "Sources").

Place a mailbox in the classroom, and have students write letters to anonymous parties asking questions they have concerning drugs. Have them "mail" the letters in the class mailbox.

Explain that you will be reading the letters and grading them for correct letter writing form. At the same time, review the questions to determine student knowledge about drugs.

Go over both the questions and the appropriate answers, being careful not to reveal the identity of the letter writers. In the event that you are uncertain about an answer, get help from the school nurse, local drug educator, or the sources listed on this page or in this curriculum guide.

Post the community and national hotline numbers somewhere in the classroom, and remind students of them frequently.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

Sources:

National Institute on Alcohol and Alcohol Abuse
Clearinghouse for Alcohol Information
PO Box 2345
Rockville, MD 20852

National Institute on Drug Abuse
Clearinghouse for Drug Information
U.S. Dept of Health and Human Services
Kensington, MD 20852
1-800-638-2045

Alcohol, Drug Abuse and Mental Health Administration
5600 Fishers Lane
Rockville, MD 20852

Cocaine Helpline (round-the-clock information and referral services)
1-800-COCAINE

Or any local or regional source.

SOURCE:

LESSON #20

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Apply word processing skills. Write a letter. CCG: 2.15

AOD Prevention: Dissuade a peer from beginning to use an illegal drug. AOD: 4, 6, 10

LESSON DIRECTIONS:

Prerequisite skills

- Letter form
- Sentence structure
- Mechanics
- Grammar
- Basic knowledge of word processing procedures
- Addressing envelopes—examples at U.S. Post Office

Directions

Review letter writing techniques.

Explain alcohol and drug objective and brainstorm examples of reasons that can be used when dissuading your friend.

Student writes rough draft of a letter to a good friend convincing him/her not to experiment with marijuana and/or alcohol.

Teacher proofs.

Student word processes and makes corrections.

Student mails letter.

Time:

Follow-up: Students can also write to a company of a product commonly abused (i.e., sleeping aids, tobacco, alcohol, etc.) stating inappropriateness of their advertising techniques.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Computers, printer and paper, software for word processing, envelopes and stamps or student's own stamp.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #21

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Apply skills of on-line search, printing, using a modem, to obtain AOD information from a computerized database. CCG: 2.15

AOD Prevention: Drug information. AOD: 4

LESSON DIRECTIONS: Prerequisite skills

Computer basic use and printing hard copy.
Knowledge and application of "modem" use.
Knowledge and application of database and how to search.

Directions

Instruct students and train in how to use database.

Instruct and train in use of "modem."

Have students begin search for articles on the drug they selected and as they find appropriate articles, print them. Limit the number they can print.

Time:

Follow-up: These articles can provide information toward Lesson 19 on spreadsheets so you can request that they look for information on cost of use/individual use/hits, toke line or how often user uses (depending on his/her use level category).

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Database program (Apple, PFS file, Commodore Friendly Filer, or other available to your school), modem and subscription to information or access to free information service, computers and printers.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE: See also Lesson #18 on using spreadsheet skills.

LESSON #22

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Apply knowledge of computer operations. Research on different drugs, using computer or library materials. | CCG: 1.16 |
| AOD Prevention: | Identify different types of drugs. Differentiate between legal and illegal drugs. | AOD: 4 |

LESSON DIRECTIONS:

Prerequisite skills

Knowledge of operation of Apple.

Directions

Students can work alone or in pairs.

Classroom demonstration: using PC viewer, present a sample game explaining various commands and menu options.

Students load and operate the game on their own.

Evaluation: can require specific number of games solved for a grade of A, B, C, etc.

Time:

Follow-up: Each time a solution is reached, students can be required to research that drug. This research can be done on the computer (using the handbook) or using library materials.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: "Drug Alert!" disks for Apple only, available from Mindscape (cost $39.95 for one disk); computers (of course!). See the following pages for: quiz (optional) for computer use knowledge; subfloor plan sheets; follow-up worksheets.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #22a
Language Arts

# COMPUTER ROOM QUIZ

Name ______________________________ Period ____________________

1. You may not take any _______ or _______ into the library or computer lab.

2. The switch to turn on an Apple computer is located ___________.

3. This is how many pairs of hands may touch the computer keyboard at one time: _______.

4. If you are working with a partner on a computer and you are NOT sitting at the keyboard, the only way you may help your partner is by ___________ to her.

5. You should _______ first if the computer is off.
   a. Load the program.
   b. Turn on the computer.
   (circle one)

6. To "boot" means to press which key(s) (circle one)?
   a. Open Apple, control, and reset all at the same time.
   b. Space bar.
   c. Return.

7. Do not turn off the computer if (circle one):
   a. The red light on the disk drive is still on.
   b. You are bored or confused.

8. If you get stuck and do not know what to do next, it is smart to ask for ___________.

9. When you are finished playing, return the disk carefully to__________________________.
   (Clue: this is a person)

Procedure:

1. Insert disk in disk drive #1, close disk drive door.
2. Turn on power.
3. When the professor appears:

   Press "control" and "T" at the same time. This will present the utilities on the screen so you can add your name to the roster so you can save your place if you ever cannot finish a game.

   Press "1" to add your name to the roster. Be sure to type your LAST NAME, then FIRST NAME, up to 15 letters.

   Press "7" to return to Drug Alert Game.

4. When professor appears again, press "1" to play the game.
5. The screen will now give you all directions you need on the other functions you need. They will look like this:

   Space bar to move
   Return to select
   "G" to get the stash
   "D" to drop the stash in the incinerator
   "H" to go to the handbook for help
   "Q" to quit the game

6. The bottom right of your screen will tell you the room number you are in.

Each time you successfully get out of the hotel by naming the drug that Pat was on you must complete the following before becoming eligible.

Using references in our library (on reserve) or the public library, complete the drug outline form. After completing the research, turn it in to the instructor, and you will become eligible to play again. Before you play the next time you must go to the "handbook" and ask for a printout on that drug which you researched. Compare the printout to your research. You must turn in research form and printout to instructor. Now you can play again!

LESSON #22c
Language Arts

## FOURTH SUB-BASEMENT

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## THIRD SUB-BASEMENT

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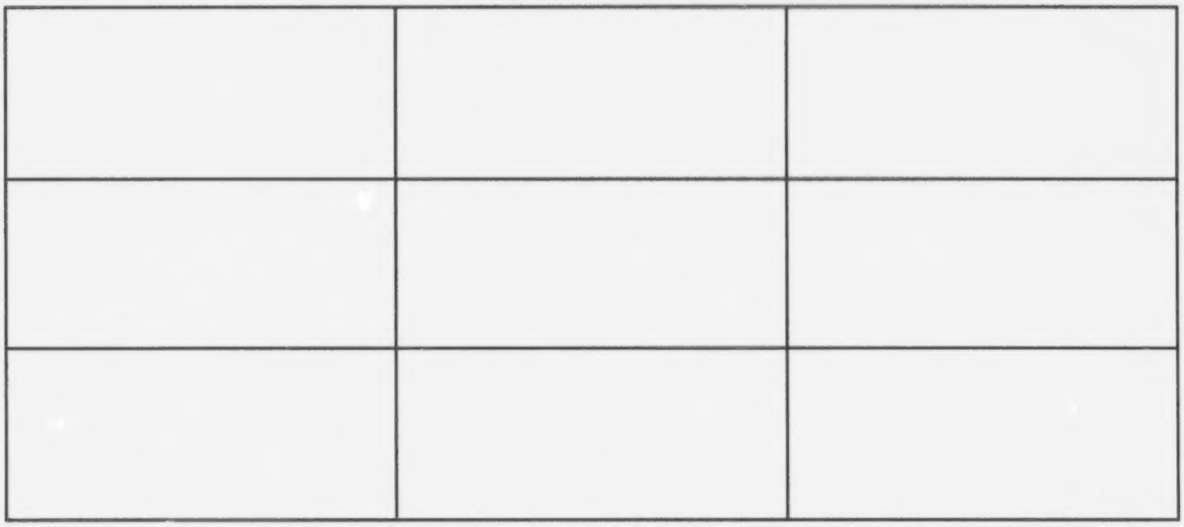
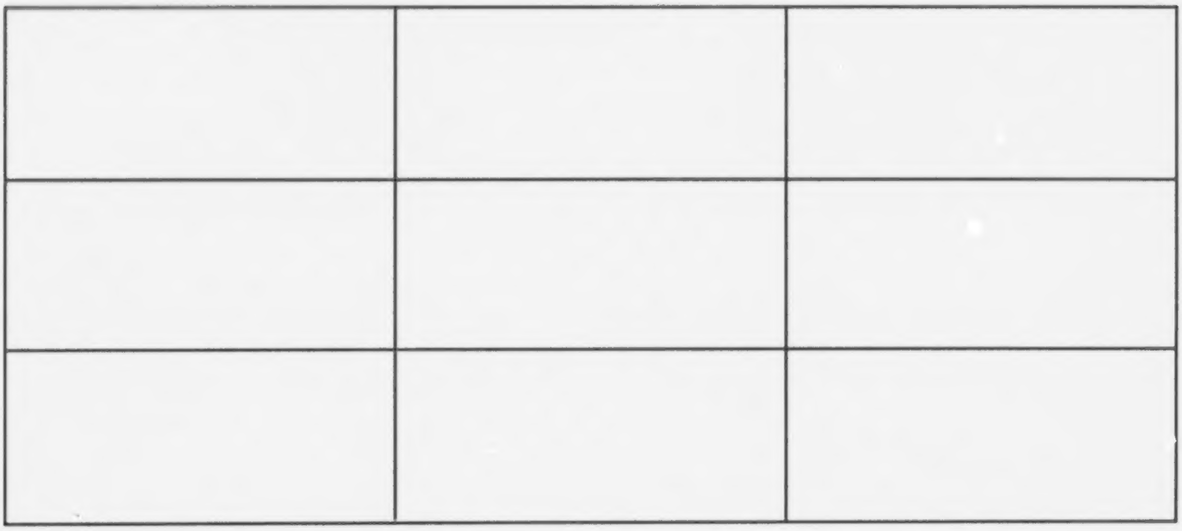
|---|---|---|
| | | |
| | | |
| | | |

▭ = Door

## SECOND SUB-BASEMENT



## FIRST SUB-BASEMENT



▭ = Door

LESSON #22d
Language Arts

## DRUG REPORT

Date ______________

Name ________________________________________ Period ______________

Name of drug: ________________________________________

Category: narcotic stimulant depressant hallucinogen (circle one)

What it looks like: ________________________________________

________________________________________

Other names for it: ________________________________________

How it is taken: ________________________________________

Dosage: ________________________________________

What it feels like: ________________________________________

________________________________________

How long it lasts: ________________________________________

How it affects the body: ________________________________________

________________________________________

Addiction: ________________________________________

Effects of withdrawal: ________________________________________

________________________________________

Overdose effects: ________________________________________

________________________________________

Legal status: legal illegal (circle one)

Medical use: ________________________________________

________________________________________

LESSON #23

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Percentages, ratio, proportion. CCG: 5.2b

AOD Prevention: Recognize effects of different levels of alcohol in the blood. AOD: 4

LESSON DIRECTIONS: Explain the concept of blood-alcohol content.

Demonstrate one of the factors that affect blood-alcohol content by conducting the following experiment. Place two different sizes of jars on a table and fill the jars with water. Drop equal amounts of blue food coloring into the jars. The students will be able to see that the smaller jar takes fewer drops of food color to color the water a deep blue. Correlate this observation with the use of alcohol in that alcohol affects all persons differently depending on his/her body weight.

Distribute "The Effects of Alcohol" handout and discuss the effects of different levels of alcohol on the body.

Point out that any amount of alcohol in the body produces negative effects. Students should have an awareness of the effects of alcohol on the body in order to steer away from people who may cause accidents, exercise poor judgment, or otherwise cause danger to someone else.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Glass jars, food coloring, handout: "The Effects of Alcohol."

TEACHER PREP:

TEACHER BACKGROUND: Blood alcohol content is a measure of alcoholic intoxication. It measures the number of milligrams of ethanol in each milliliter of blood. Blood alcohol content is expressed as a percentage of total blood content. The higher the blood-alcohol level, the greater the alcohol's affect on body and mind.

SOURCE:

LESSON #23a
Math

## THE EFFECTS OF ALCOHOL

(These figures are based on mature body systems only)

| BAC | EFFECTS |
|---|---|
| 0.1 | Dulls intelligence, sensory perceptions, and motor skills.<br>Lowers inhibitions, increases talkativeness and activity.<br>Encourages false confidence and bravado. |
| 0.2 | Inhibits clear thinking, impairs memory, slows movement.<br>Encourages bursts of anger, weeping, and excitement.<br>Inhibits balance; walking a straight line becomes difficult. |
| 0.3 | Impairs function of all sense organs; slurs speech; may cause double vision and staggering.<br>Inhibits judgment of distances; encourages sudden and exaggerated mood shifts. |
| 0.4 | Severely reduces nervous and mental functions.<br>Greatly inhibits control of body movements; stimulates uncontrolled vomiting and urination.<br>May lead to unconsciousness. |
| 0.5 | Usually causes unconsciousness; little or no reflexes.<br>Severely reduces blood pressure, breathing, and heartbeat.<br>Inactivates brain function. |
| Over 0.5 | Usually causes death. |

Legal limit in Oregon is 0.08

LESSON #24

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Ratio, proportion, math operations. CCG: 2.2

AOD Prevention: Effects of alcohol, proportions of alcohol in different types of beverages. AOD: 4

LESSON DIRECTIONS: Discuss materials previously learned on the harmful effects of alcohol.

Have students name different types of alcoholic beverages by looking at empty containers (beer, wine, wine cooler, and liquor).

Have students list on a blank sheet: beer, wine, shot (1.5 oz. liquor), wine cooler.

Then have them guess which contains the most alcoholic content by numbering the four items in order from the most alcohol to the least.

When all students have made their guesses, reveal the fact that:

12 ounces of beer is equal to 5 ounces of wine is equal to 1.5 ounces of 80 proof liquor.

One bottled wine cooler has more alcohol than any of the above.

Point out that looks are deceiving, because the smallest amount of liquid (the 1.5 oz. liquor) and the larger volume in a can of beer or a wine cooler are equally potent.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Empty containers of alcoholic beverages: beer can, wine cooler bottle, shot glass, wine glass.

TEACHER PREP:

LESSON #24
Math

TEACHER BACKGROUND: Check with building principal on the use of actual cans and bottles to comply with local policy.

### It's All the Same

Beer (12 oz. can)
12 oz. x 0.5% = .6 oz. alcohol

Wine (5 oz. glass)
5 oz. x 12% = .6 oz. alcohol

Liquor (1.5 oz. shot)
1.5 oz. x 40% = .6 oz. alcohol

SOURCE:

LESSON #25

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Computation. CCG: 6.1

AOD Prevention: Understand the financial implications of continuing a drug habit. AOD: 4

LESSON DIRECTIONS: Estimate costs per day for:

Smoker
Drinker
Marijuana hacker
Cocaine
Chewer

Extend for weekly, monthly, yearly.

Compare costs of different habits.

Discuss how and where to get ongoing funds to support the habits (legally!).

Time:

Follow-up: Now that you've saved it, what could you buy with that money?

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Graph paper.

TEACHER PREP:

TEACHER BACKGROUND: Need to locate statistics.

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Music

LESSON OBJECTIVES:

Content Area: Identify the significance of peer pressure and/or role modeling and imitation. CCG: 2.5

AOD Prevention: Understanding of the impact of group norms, culture, and peer pressure on behaviors. AOD: 1, 6

LESSON DIRECTIONS: Students will research to find articles on musicians who have died because of drug-related problems. Have them assess how the media has glamorized their lives (Jim Morrison of the Doors, Jimi Hendrix, Janis Joplin, Elvis Presley, Ricky Nelson, Stevie Ray Vaughn, Sid Vicious, Dennis Wilson of the Beach Boys).

Have students discuss why drugs were a part of these musicians' lives. Discuss contemporary idols/stars and why the public is so hungry for new and different stars.

Time:

Follow-up: Ongoing research and discussion

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Library

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

LESSON #27

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Physical Education

LESSON OBJECTIVES:

Content Area: To understand that physical activities help relieve stress and can provide a healthful alternative to drug use. CCG: 1.2c, 1.4e

AOD Prevention: Developing and maintaining drug-free behaviors and patterns. AOD: 3

LESSON DIRECTIONS: Explain that exercise, especially aerobic exercise, increases the flow of oxygen through the lungs, which causes the heart to pump harder. This process causes changes in the body: turning red, perspiring, and breathing heavily. Vigorous exercise also increases the flow of oxygen to the brain, muscles, skin, and other organs. As a result, we look and feel better.

Explain that free-form movement is an exercise that everyone can do without feeling silly or uncoordinated. Swinging the arms and legs and jumping to the music are okay—you do not need to know complicated steps. For an aerobic benefit, movement must be done vigorously and for at least 20 minutes—the more energetically you swing the arms and jump or jog in place, the higher you push your heart rate. (Explain the heart rate formula.)

Direct students to spread out and do gentle stretches for five minutes. Tell them to begin moving (e.g., dancing, playing basketball, jogging) when the music starts. Ask students to walk in place and check their heart rates between songs.

Explain that drug use can raise the heart rate and provide a temporary thrill, but it has none of the positive physical and mental health benefits of an activity such as dancing, basketball, jogging, swimming, or other aerobic workout.

Identify activities to encourage discussion of the benefits of various kinds of physical exercise.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

## LESSON #27
Physical Education

**MATERIALS NEEDED:** Gym or large open space with basketball hoops and basketballs; tape player and 20-minute tape of lively music (suggestions: rock, or a mixture of rock, Latin, polka, rhythm and blues, fast classical).

**TEACHER PREP:** Be sure to make allowances for any student who may have high blood pressure or other health conditions.

If the music has lyrics, make sure they contain only positive, healthy messages.

Tell students to drink extra water after class to rehydrate the body.

**TEACHER BACKGROUND:** Youths ages 12-14 have a tremendous amount of energy, enthusiasm, and curiosity, which can be channeled into healthful physical activities. This lesson teaches that a regular exercise regime can help relieve stress.

**SOURCE:**

LESSON #28

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Science

LESSON OBJECTIVES:

Content Area: Identify components of the scientific method. CCG: 2.10

AOD Prevention: Problem-solving processes, decision-making skills. AOD: 7

LESSON DIRECTIONS: Present fundamentals of the scientific method and apply these concepts to an actual scientific experiment.

NOTE: to lead into the infusion of this lesson, choose an experiment that is drug research-related. It may even be helpful to brainstorm with the students prior to the lesson to find out what kind of experiment they may be interested in learning more about.

As a group, discuss the solving of the problem as outlined in the experiment and the conclusions developed through the ordered sequence of the method.

Present the idea that problems and/or situations faced on a daily basis can be solved in the same manner using a modified version of the scientific method:

Problem-Solving Model

a. Ask yourself what the problem is (PROBLEM).
b. Decide on your goal (HYPOTHESIS).
c. Stop and think of as many solutions to the problem as you can (ANALYSIS).
d.* For each solution, think of all the things that might happen next (DATA, OBSERVATIONS).
e. Choose your best solution (CONCLUSION).

* This is a vital part of projecting into the future!

Divide the group into teams of four to begin the role playing segment of the lesson. Provide each group with a social situational card that would require careful thinking in order to make a decision upon which the entire group can agree. Two group members are responsible for role playing the situation while the other two members identify the components of the problem-solving model and record those components to share with the whole group later. The role play is over when the group identifies all components and arrives at a decision upon which they can all agree.

Each group will be responsible for presenting their role playing as well as their conclusion to the entire group. NOTE: Be certain that the group arrived at their conclusions as a result of following the problem-solving model.

For closure purposes, the instructor should review the similarities between the scientific method and the problem-solving model. It is also important to emphasize that although the problem-solving model is most often a mental process, it provides valuable training for good and effective decision making.

Time:

Follow-up: Ask students to brainstorm for new social situations that can be used in the role play. Each group can give their situation to another group to be role played and conclusions shared with the class.

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Decision-making situational cards for role playing (see next page); a sample experiment that is up to date for identifying the components of the scientific method (experimentation on some aspect of drug research is ideal, but any type of experiment can be used).

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

## SAMPLE SITUATIONAL CARDS FOR PRACTICING THE PROBLEM-SOLVING MODEL USING ROLE PLAYING

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1. Your best friend has decided that he or she wants to spend more time with a crowd of people at school that are known to party using alcohol and other drugs before school, after school, and on weekends. Your friend has asked you to join them at the park after school to use drugs. Using the problem-solving model, decide how you will speak to your friend about this crowd of friends and their drug use.

---

2. You share a locker with a very popular student on campus. Before school one morning, you open the locker and discover a small plastic baggie with something in it that looks like marijuana. You must make a decision on how to speak to your locker partner about your discovery. You do not want to jump to conclusions prematurely; however, remember that this locker belongs to you also, and its contents are your responsibility as well.

---

3. On your school sports team, the use of alcohol and other drugs is absolutely forbidden, and you agree with this policy. Two of your team's finest players begin bragging to you and other teammates about their use of drugs before games, claiming that their athletic performance increases. You and other nonusers on the team must make a decision on how to approach this problem; the health of your friends as well as the success of your team are at stake.

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LESSON #29

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Science

LESSON OBJECTIVES:

Content Area: Effect of chemicals when introduced into humans, into animals. CCG: 5.6

AOD Prevention: Understanding of steroids—short-term and long-term effects. AOD: 3, 4

LESSON DIRECTIONS: Define steroid (see Glossary). Discuss the dangers of steroids. Student athletes in particular need to be aware of the dangers of mixing drugs and sports. For a number of years athletes have tried to improve body strength and performance with anabolic steroids. Tell students that steroids initially became popular as a means of increasing weight training results. The immediate effects of steroid use may include:

- Increased muscle mass.
- Enhanced power.
- Feelings of aggressiveness and/or hostility.
- Unhealthy relationships; girlfriends abused; etc.

Health consequences of these drugs can be serious even fatal. Athletes on steroids can experience a psychotic condition called "body builders psychosis" which involves hallucinations, power delusions, paranoid episodes, erratic motor behavior, and uncontrollable violence. Chronic illnesses brought on by steroids include:

- Heart disease.
- Liver ailments.
- Urinary tract problems.
- Sexual dysfunctions.
- Baldness.
- Acne.
- Alterations in appearance: hair on women's body; breast development in men.

The use of steroids is forbidden in amateur and professional athletics. Coaches and trainers who suggest their athletes use steroids are not acting responsibly and should be disciplined.

Time:

Follow-up: Invite a coach, athlete (e.g., body builder), or doctor (e.g., veterinarian) to be a guest speaker in class. Or invite a panel of 3-4 guests to discuss steroids.

See ESD/health specialist for videos on steroids (good ones are available).

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND: Emphasize that the long-term negative effects of steroids far outweigh the short-term effects that many steroid users are seeking.

SOURCE:

LESSON #30

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Science

LESSON OBJECTIVES:

Content Area: Effects of chemicals when introduced into human body or into animals. CCG: 5.6

AOD Prevention: Understanding of inhalants—short-term and long-term effects. AOD: 4

LESSON DIRECTIONS: Read "Huffin Death," Listen Magazine, August 1991, Vol 44 No. 8 (following).

Discuss the dangers of inhalants. Tell students that inhalants can be over-the-counter or prescription drugs or household products. Explain that many household products contain poisonous chemicals that can affect the body and mind. These chemicals are called chlorohydrocarbons (aerosols) and hydrocarbons (solvents). Some poisons, such as those in nail polish, paint thinner, varnishes, shellacs, and some glues are addictive. When these chemicals are inhaled they produce a strange and sometimes violent intoxication. Some reactions include:

- Dizziness.
- Slurred speech.
- Loss of muscle control.
- Blurred vision.
- Upset stomach.
- Depression.

Heavier poisoning caused by accidental overdose or prolonged inhaling can result in:

- Seizures.
- Unconsciousness.
- Death. Sometimes death occurs on the first use.

Glue sniffers can also develop webs of glue in their nose and lungs. Frequent use damages the liver, kidneys, bones, and nerves.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

LESSON #30
Science

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND: People who sniff inhalants may become aggressive and try to hurt someone or may become self-destructive and attempt to hurt themselves. After the effects of the inhalant wear off they may not be able to remember the episode.

SOURCE:

LESSON #30a
Science

**Kevin Waite**

# HUFFIN' DEATH

**It's an easy high: quick, cheap, available, no hassles with the law. But with each breath, inhalants give you more than you bargained for.**

2:00 p.m.

Sixteen-year-old Alex doesn't know that in 45 minutes he'll be dead. For him it's just another hazy June afternoon. Time to really live. Time to huff cleaning fluid fumes from a plastic bag with his friends.

It's an easy high: quick, cheap, available, no hassles with the law. But with each breath, Alex gets more than he bargained for. Inside his chest, the fumes attack his heart and weaken its ability to beat properly. Alex doesn't have a clue. There is no warning. 2:45. Time to die.

Alex gets up. He feels like racing across the field. His legs are precision-cut gears; they churn faster and faster. The ground blurs. He's flying now. Then the pain hits, squeezing life from his body. His legs wobble uncertainly before grinding together. In a moment it's over, and he crumbles dead into the grass.

Alex wasn't his real name, but his story is true. Experts call what happened to him "sudden sniffing death." Inhaling the wrong chemical sensitizes the heart to epinephrine, a natural hormone released by the body during stress or intense exercise.

Normally the hormone increases blood sugar, gives a burst of energy to muscles, and stimulates the heart. The firing system in Alex's heart, however, had been thrashed by concentrated cleaning fluid fumes. Instead of making his heart beat stronger and faster, the epinephrine caused a few misfires and then a total system shutdown.

Experts say the scary thing about inhalants is that it's impossible to predict what they'll do. Fumes don't always kill, but when they do, they can strike in different ways. Sudden sniffing death is only one example. ►

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Some users become so intoxicated that they pass out and suffocate in their plastic sniffing bags. Other teenagers, under inhalant influence, walk out in front of traffic and get terminated.*

## Inhalants 101

The term *inhalant* is a catchall for any chemical vapor sniffed through the nose or huffed through the mouth for a high. The effects on the body depend on what's being sniffed, the dose, the feelings and expectations of the user, and whether any other drugs have been taken.

Generally speaking, here's what happens: Inhaled vapors pass from the lungs directly into the bloodstream, where they circulate throughout the body, depress the nervous system, and intoxicate the brain the way alcohol does. Within seconds, the user experiences a variety of feelings: sudden warmth, exhilaration, lightheadedness, excitement, euphoria, dizziness.

In addition to the kick, inhalants pack a posse of less-than-pleasant sidekicks. Depending on the dose and the chemical used, these can include cramps, headache, nausea, sneezing, loss of self-control, drooling, confusion, ringing in the ears, blurred vision, coughing, hallucinations, sensitivity to light, slurred speech, nosebleeds, loss of coordination, disorientation, and seizures.

## Chemical Potpourri

Drug experts divide inhalants into four basic groups: solvents, aerosols, anesthetics, and nitrites. Each brings specific hazards to users.

Solvents, the most commonly abused group, can be found in model airplane glue, paint thinner, nail-polish remover, felt-tipped markers, lighter fluid, gasoline, and hundreds of other household products. Manufacturers use solvents to dissolve other substances and to keep chemicals in a liquid or semiliquid form. One problem with this group of inhalants is that they continue to work even after entering the bloodstream; they dissolve substances the brain needs. "The more you saturate your brain with inhalant solvents, the more dysfunctional you become," Sharp says. "You can't think, you can't work, you can't function appropriately."

Aerosols are the compressed gases mixed with products such as hair spray, deodorant, and spray paint to discharge them from the can.

Anesthetics include ether, chloroform, and nitrous oxide. These three were whiffed in North America, Great Britain, and Europe for recreational highs during the 1800s. Later the gases were used by physicians to ease childbirth and surgical pain. Experts warn that inhalation of anesthetics can cause nausea, vomiting, gas pains, dizziness, loss of consciousness, and respiratory arrest.

Nitrites have been taken for years by people with heart problems to enlarge coronary arteries and ease angina pain. The drug is also used as an inhalant, because it expands blood vessels in the brain, producing a feeling of euphoria.

Although nitrite sniffing can trigger severe headaches, coughing, fainting, dizziness, and nausea, researchers have uncovered an even more alarming side effect: cancer. Nitrites combine with other chemicals in the body to form nitrosamines—among the most likely-to-cause-cancer substances known to man.

## The Safest Inhalant

In addition to side effects and possible death, regular inhalant use leads to tolerance and dependence, according to the Addiction Research Foundation of Ontario. Inhalant addiction, like addiction to other drugs, can include both a physical hunger for the chemical and a psychological craving.

It's better to skip the problems and not get addicted in the first place, experts say. "Teenagers who've experienced the hazards of inhalants agree the safest inhalant is none at all." "I never would've started sniffing if I'd known how dangerous it could be," said one former solvent sniffer. She got a second chance. Too bad Alex didn't.

* "Users are experimenting, often with an unknown concentration," says Charles W. Sharp, Ph.D., of the division of preclinical research at the National Institute of Drug Abuse. "Even in the hands of an experienced user, inhalants can kill. It's not highly probable, but if the odds are one in a hundred and you're the one . . ."

Despite this, experts estimate that more than 15 percent of all teenagers will try this form of drug use. In some teenage groups, such as barrio Hispanics and Native Americans, more than a third will use inhalants.

Teenagers often experiment with inhalants because they're readily available, the price is right, and there's no risk of getting tossed in jail for lugging a tube of model airplane glue. Other teenagers start sniffing because their friends do it, or they start to escape the stress of growing up.

Unfortunately, inhalant fiends often "white out" on typewriter correction fluid or sniff glue, gasoline, or butane—whatever happens to be the latest fad—without ever taking an inhalant crash course.

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Science

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Vision, central nervous system. | CCG: 1.1 |
| AOD Prevention: | Alcohol consumption is a major contributor to automobile crashes and fatalities. Alcohol consumption impairs vision and therefore impairs driving. | AOD: 4, 7 |

LESSON DIRECTIONS:

Student Prerequisites

This lesson can be used in conjunction with a unit on the central nervous system in a 7th grade life science class. Students should have appropriate prerequisites as determined by the teacher of that class.

Directions

Assign the class to read the pamphlet "Alcohol, Vision, and Driving" as homework before this lesson is taught.

Assign students to groups for this activity. One method would be to have cards labeled with both a number (1-4) and a letter (A-D) available for pick up by the entrance to the classroom. Students take one card as they enter. NOTE: Cards will read 1A, 1B, 1C, 1D, 2A, 2B, etc.

Review for the students that the five senses are sound, smell, taste, touch, and sight. Ask: What basic senses are used, and in what capacity, in operating a motor vehicle?

RESPONSE: Students think about the question for approximately 30 seconds then pair up by turning to their neighbor and discussing their ideas for one minute. The responses should lead to the conclusion that vision is, by far, the most important.

Students break into expert groups based on the number on their card selected at the beginning of the lesson (e.g., 1A, 1B, 1C, and 1D form a group). Each group discusses specific sections, identified by the paragraph headings, of the AAA pamphlet "Alcohol, Vision, and Driving" (the assigned reading from the previous evening). To become experts on the subject "How Alcohol Affects Vision," sections can be assigned as follows:

Group #1: "Alcohol Reduces Control Over Light Entering the Eye"
"Alcohol Distorts Eye Focus"

Group #2: "Alcohol Reduces Visual Acuity"
"Alcohol Can Cause Double Vision"

Group #3: "Alcohol Affects the Ability to Judge Distance"
"Alcohol Reduces the Driver's Peripheral Vision"

Group #4: "Alcohol Reduces Ability to Distinguish Colors"
"Alcohol Reduces Night Vision"

Students from each numbered group are now "experts" on some aspect of how alcohol affects vision. Students now regroup by letters and share with each other what they have learned from their numbered expert group (e.g., 1A, 2A, 3A, and 4A now form a group).

Quiz the students on all material to assure mastery.

INSTRUCTOR HINT: If you have closer to 32 than 16 students in your class, for group selection, make TWO sets of numbered/lettered cards, each set on a different color. This allows you to use this lesson with the least amount of modification on your part.

Time:

Follow-up: Laboratory experiment to experience impaired vision (see next lesson).

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: The pamphlet "Alcohol, Vision, and Driving."

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE: The pamphlet "Alcohol, Vision, and Driving" is available from your local AAA office or from the national AAA office, Traffic Safety Department, Falls Church, VA 20047.

## Alcohol Distorts Eye Focus

To obtain a clear picture, the rays of light must be focused on the retina in the back of the eyeball. This is accomplished by means of the eye's lens. The shape of the lens is determined automatically by a muscle which surrounds the lens and brings objects both far and near into sharp focus. If this muscle is relaxed by alcohol, then a distortion of light rays appears on the retina. In turn, an interference in the impulses sent to the brain results in a faulty or fuzzy picture of the traffic scene.

## Alcohol Reduces Visual Acuity

The retina in the back of the eyeball is made up of millions of rods and cones, each connected by a nerve fiber which runs to the brain. Nerve (neural) impulses are sent to the brain along these nerve fibers to transmit the picture focused on the retina. The retina takes the place of film in a camera. The cones can transmit color while the rods transmit only dark and light. Sharpness of vision is greatest in the center of the retina (where most light rays are focused) where the cones are most dense. Details such as traffic signs can be seen in this area. Alcohol or any other drug which reduces the supply of oxygen in the bloodstream can impair the sensitivity of the cones which in turn reduces visual acuity or sharpness.

At low levels of illumination, most of the seeing is accomplished by the rods with some help from the cones. This is why visual acuity is reduced more than one-half at nighttime. For example, a person with 20/40 daytime acuity may have only 20/100 vision at night, even less under the influence of alcohol or other drugs. Again, if there is a lack of oxygen, sensitivity is reduced.

## Alcohol Can Cause Double Vision

So far we have discussed only the factors affecting seeing with one eye. However, the best vision is obtained when the two eyes work together. To do this, both eyes must be looking at the same spot at the same time—directed to the same point in space. This is accomplished by six muscles attached to each eye which automatically point the eye to the object to be seen.

When these muscles are relaxed by fatigue, drugs, or alcohol, the two eyes may not be focused on the same point. The result is double vision. The brain in this case can do one of two things. If one image is weaker, that image may be ignored (suppressed) and you will be using only one eye—causing poor depth perception. On the other hand, if both images are seen and interpreted by the brain, you will be seeing double. You may see two cars approaching or two sets of headlights and not know which one to avoid and which to ignore.

For some people, alcohol can cause an uncontrolled rapid oscillation (or vibration) of the eyeballs, making good vision almost impossible. With properly coordinated eyes, driving ability is improved, since the two images tend to reinforce each other.

## Alcohol Affects the Ability to Judge Distance

Our abilities to move from one lane to another, determine whether a car is approaching or moving away from us, pass another car, and park a car depend upon the ability to judge distance. This is accomplished largely as a result of the brain receiving two slightly different images from the two eyes. Since the two eyes are separated the two pictures are slightly different. This process can be compared to the way a stereo camera works.

If there is sufficient alcohol in the blood to prevent the two eyes from working together, then the results are a double image or suppression of one image. In either case, the ability to judge distance will be greatly reduced. Try judging distance with one eye closed by having a friend hold a pencil in a vertical position. Now, try to touch the end of the pencil by bringing the index finger down towards the pencil. Note how difficult it is to judge distance when using only one eye.

LESSON #32

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Science

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Apply science in daily life; use consumer skills to evaluate products. | CCG: 5.2 |
| AOD Prevention: | Media and advertising; identify psychological pressures and enticements used in AOD advertising. | AOD: 9 |

LESSON DIRECTIONS:

Discuss the media's influence on consumer buying. Ask students to consider whether, on the whole, advertisers encourage us to buy products that are good for us or bad for us. Take a vote to determine class opinion.

Then instruct students to survey TV commercials and magazine ads to determine what products are being advertised.

Assign each student a specific type of TV program and a specific magazine to survey. Examples are:

TV programs:
  News broadcasts
  Sporting events
  Dramatic shows
  Saturday cartoons
  Game shows
Magazines:
  Time
  National Geographic
  People
  Sports Illustrated
  Rolling Stone
  Ebony

Conduct the survey using the "Get the Message" worksheet in each category. Total the results in each category. Calculate the percentage of the total advertising for the following groups:

- Liquor, beer, wine
- Tobacco products
- Medicinal products

Have students compose 4-5 generalizations or observations regarding the media's presentation of these products based on the data collected.

LESSON #32
Science

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet: "Get the Message."

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

Name ______________________ Date ______________

## GET THE MESSAGE

| Media Types | Percentage of advertising directed toward: | | |
|---|---|---|---|
| | Liquor, beer, wine | Tobacco Products | Medicines |
| Sports Program | | | |
| MTV | | | |
| News Program | | | |
| National Geographic | | | |
| Game Shows | | | |
| People Magazine | | | |
| Rolling Stone | | | |
| Cartoons | | | |
| Time Magazine | | | |
| Ebony Magazine | | | |
| Sports Illustrated | | | |
| TOTALS | | | |

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8

SUBJECT AREA: Science/Cooperative Learning

LESSON OBJECTIVES:

Content Area: Explain structure and function of lungs. Explain how tobacco affects operation of the lungs. CCG: 6.0

AOD Prevention: Identify strategies for refusing involvement with tobacco. AOD: 1, 3, 4, 6, 7, 8

LESSON DIRECTIONS: Student Prerequisites

Ability to work in cooperative learning groups.

Directions

Part One

Arrange students in cooperative learning groups. Each cooperative learning group receives a six-foot length of butcher paper and a set of colored markers. One member of the group lies on the butcher paper on the floor while the other members of the group trace the outline of his/her body.

The instructor places a transparency of the respiratory system on the overhead (made from the students' text). On the butcher paper, the groups fill in the parts of the respiratory system. Their outline should include the nasal passages, mouth, throat, trachea, bronchi, and lungs. Instead of overhead transparencies, the instructor may choose to assign cooperative groups to research the organs of the respiratory system and then design their outline.

In a brief overview, the instructor discusses the function of the respiratory system and organs.

The instructor assigns each group one section of the respiratory system on which to become experts. Groups should meet for 15-20 minutes to chart the main functions of the organ and describe how that organ works: NOTE: Reference materials should have been gathered previously and made available to the groups or let students do research in library for class presentation.

One member of each group shares with the class the main points that their group has learned about either the nasal passages, mouth, trachea, bronchi, or lungs. Then the instructor summarizes the overall effects.

## Part Two

The instructor reviews what was accomplished in the first hour and continues by asking the class, "Are there things that people do to their bodies that harm the respiratory system?" The instructor should chart responses on the overhead or the board and compliment the class.

The instructor states, "Now we will look at tobacco smoke, one of the harmful factors of smoking over which we have personal control and where our decisions are important."

Describe the path tobacco smoke takes through the nasal passages, mouth, trachea, bronchi, and lungs. Students can chart this on the butcher paper figure.

Assign each group one part of the respiratory system on which to become experts. Groups should meet for ten minutes to chart the effects tobacco smoke has on the assigned organ.

One member from each group shares with the class the main points that their group has learned about the effects of tobacco smoke on either the nasal passages, mouth, trachea, bronchi, or lungs.

The class has learned how a healthy respiratory system functions and how tobacco smoke affects the respiratory system. Now have half of the cooperative learning groups brainstorm for five minutes and chart as many reasons as possible why not to smoke tobacco. The other half of the groups should brainstorm prevention strategies for not smoking when asked to smoke. Share the information.

After the brainstorming session, the group plans and presents a role play for the class. The role play will demonstrate one reason not to smoke and how group members would say no if offered a cigarette. This can be accomplished using the Peer Pressure Reversal Model. This model has four components:

STOP - What is the pressure I am feeling?
THINK - Does the pressure I am feeling come from an internal or external source?
DECIDE - What can I do to ease the pressure?
DO - Where can I go for support?

Show students how many people are quitting smoking now (statistics are available from the American Cancer Society and the American Lung Association). Tell them how hard it is to quit once a person starts, because nicotine is very addictive.

The instructor administers a short quiz testing for knowledge of:

1. The organs of the respiratory system.
2. The effects of tobacco smoke on the respiratory system.
3. Three ways to say no to smoking.
4. Three reasons to say no to smoking.

After working for ten minutes alone, students are allowed to compare their quiz with other members of the class for completeness and accuracy.

The instructor collects the work and thanks the class for working diligently, expressing the hope that they will apply the techniques they have been exposed to in the classroom to other aspects of their life.

Time:

Follow-up: Conduct other lessons on:

1. Side stream smoke (smoke inhaled by others who live and work around smokers). Materials are available from agencies listed in the bibliography.
2. The effects of marijuana on the respiratory system.
3. The effects of inhalants on the respiratory system.

The lesson can be adapted to show the effects of a variety of gateway drugs including alcohol, inhalants, tobacco, and marijuana, on all of the body's systems.

Students are encouraged to search newspapers and magazines for articles relating to the use of gateway drugs (alcohol, tobacco, marijuana, and inhalants). They can clip these articles, bring them to share with the class, and post them on an alcohol, tobacco, and other drug awareness bulletin board.

Students are encouraged to write letters to various sources requesting more information on tobacco, marijuana, and other inhaled drugs, and to elected officials who play a role in forming public policy on tobacco and other drugs.

MODIFY FOR HIGHER-LOWER GRADES:

## LESSON #33
Science/Cooperative Learning

MATERIALS NEEDED: Six sheets of six-foot-long butcher paper (one sheet per group), colored markers for each group, transparency of the respiratory system and reference materials on the respiratory system.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

1. Any fifth/sixth grade science textbook that explains and diagrams the functions of the respiratory system. (See also the Summary next page.)
2. "The Decision is Yours," a pamphlet available from the American Cancer Society.

   A variety of other pamphlets are available by contacting the American Lung Association.
3. SAFE (Solvent Abuse Foundation for Education), 1500 Rhode Island Avenue NW, Washington, DC 20005, (202) 332-7233.
4. National Clearinghouse for Alcohol and Drug Information (NCADI), PO Box 2345, Rockville, MD 20852, (301) 468-2600.

Ask for the Surgeon General's report on nicotine, 1988.

## SUMMARY: THE FUNCTIONS OF THE RESPIRATORY SYSTEM

Respiratory System: The function of this system is to supply the body with oxygen and to eliminate carbon dioxide. It is divided into seven parts.

1. Nostrils and Nasal Cavity - Air Intake: Air is warmed and moistened as it passes through the nasal cavity. Hairs in the nasal cavity trap particles of dust and smoke from the air.

2. Pharynx - The Throat: A passageway for air from the nasal cavity which goes to the lungs, and food which goes to the stomach. The system has mechanisms to prevent food from passing into the air passage to the lungs.

3. Epiglottis: A thin, leaf-shaped cartilage that closes the opening to the air passage when food is being swallowed.

4. Larynx - The Voicebox: A passageway for air between the pharynx and trachea. It functions like a valve at the entrance to the trachea, controlling air flow and preventing air from entering the lower air passages.

5. Trachea - The Windpipe: A flexible tubular structure that extends downward from the larynx into the chest cavity. It has cartilage rings that keep the air passage open at all times, to allow air to move in and out of the lungs. The trachea is lined with a ciliated mucous membrane. Dust particles stick to the mucous and the cilia move them upward to the larynx.

6. Bronchi: The trachea ends by dividing into right and left primary bronchi, which extend to the lungs. The right bronchus is shorter, wider, and more vertical than the left. As a result, foreign matter that enters the respiratory passages is more likely to end up in the right lung than the left. Bronchi near the trachea are similar to it in structure, having cartilaginous walls and ciliated mucous lining. As they subdivide and they become smaller, they become more muscular with less and less cartilage. The ciliated mucous membrane continues to work to keep the bronchi free of foreign particles.

7. Lungs: The lungs are the essential organs of respiration, where the exchange of gases between the blood and air takes place. The lungs lie in the chest cavity, one on either side of the heart. Lungs are light, porous and spongy in texture. An important feature of lung tissue is its great elasticity, of prime importance in breathing. The ultimate subdivision of the respiratory passages ends in alveolar sacs. These are clusters of thin-walled, cup-like alveoli surrounded by networks of capillaries and elastic fibers. It has been estimated that there are 300 million alveoli in the lungs, and their surfaces add up to about 70 square meters of tissue.

LESSON #34

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

**GRADE LEVEL:** 6-8 **SUBJECT AREA:** Science

**LESSON OBJECTIVES:**

| | | |
|---|---|---|
| Content Area: | Observation, operational definitions, determining "probable cause," applying science to daily life. | CCG: 5.2 |
| AOD Prevention: | Explain effects of alcohol or other drugs on the human body; understand the power of misinformation; identify sources of professional help and resources. | AOD: 4 |

**LESSON DIRECTIONS:** Have each student select a topic having to do with some aspect of the affect of alcohol or other drugs on the human body. Examples of topics are:

- Problems resulting from misinformation about drugs.
- How cocaine affects the respiratory and circulatory systems.
- How alcohol affects reaction time and distance perception.

This topic should be the subject of an oral or written report.

Have students conduct an interview of at least one professional who can provide relevant information (such as police officers, doctors, psychiatrists, or pharmacists). Encourage students to prepare a list of questions and have the list approved by you before going to the interview.

Instruct students to identify agencies and other resources that might provide information about the topic such as Alcoholics Anonymous, Al-Anon, Alateen, Mothers Against Drunk Driving, and area councils on alcohol and substance abuse. Students should include information about relevant programs offered by these organizations and agencies in their reports.

Using observations, data, and records, students should determine the probable cause and effect of their drug topic. Use the overhead "Influencing Factors" to help demonstrate a probable cause and effect situation.

Time:

Follow-up: Articles from local newspapers, magazines.

## LESSON #34
Science

MODIFY FOR HIGHER-LOWER GRADES: Oral reports, written reports, build models of human body organs.

MATERIALS NEEDED: Overhead: "Influencing Factors."

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

OVERHEAD

## Influencing Factors

**Factors that influence the affect of alcohol on the body.**

- **How much a person drinks**—The more drinks a person has, the more alcohol enters the body, thus the person will feel more of the effects of alcohol.

- **How fast a person drinks**—The faster a person consumes alcohol or the more a person drinks in a short period of time, the greater the effect of the alcohol on the body.

- **How much a person weighs**—A heavy person has more blood and water in the body, thus diluting the alcohol. The lighter or smaller person is likely to feel the effects of alcohol sooner and with fewer drinks than the heavier person.

- **How much drinking a person has done in the past**—The body builds up a tolerance to alcohol and thus more alcohol is needed to feel the effects.

- **How much food a person has eaten**—Food in the stomach slows the effects of alcohol on the body.

- **What a person expects the drinking to do or wants the drinking to do**—If a person believes that drinking alcohol will depress him or her, then it probably will.

- **How a person feels when he or she is drinking**—The drinker's mood makes a difference.

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Science

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Effects of chemical substances on body systems. | CCG: 1.11a |
| AOD Prevention: | Effects of "gateway drugs" on body systems. | AOD: 4 |

LESSON DIRECTIONS: Vocabulary: cumulative, peptic ulcer

| | |
|---|---|
| Activity 1: | Effects of substance use on the digestive system. |
| Activity 2: | Effects of substance use on nervous system. |
| Activity 3: | Effects of substance use on reproductive system. |
| Activity 4: | Immediate/cumulative effects (cooperative learning activity). |
| Activity 5: | Homework assignment—interview smoker and non smoker. (Teacher should discuss, teach or review interviewing skills.) |

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Worksheet 1: "Digestive System"; worksheet 2: "The Nervous System"; worksheet 3: "Reproductive System"; worksheet 4: "Immediate and Cumulative"; transparencies from worksheets 1-4.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE: "Summary," following the 5 Activities of this lesson.

Well and Good Substance Abuse Prevention Program
Oregon Prevention Resource Center
2600 Center Street NE
Salem, OR 97310
1-800-822-6772

LESSON #35a
Science

ACTIVITY #1

### What are the Effects of Substance Use on the Digestive System?

Pass out "Digestive System" worksheet.

1. Using the transparency entitled "Digestive System," review the anatomy of this system noting the location and function of the various parts.

2. Pose the question, "How do tobacco, alcohol, and marijuana affect the digestive system?" Allow students to share what they know, writing the effects on the appropriate lines of the transparency as they are mentioned (see the worksheet key). Effects to be included are (a) cancer of the mouth, (b) bladder cancer, (c) gum disease, (d) peptic ulcer, (e) yellow teeth, (f) malnutrition, (g) dehydration, and (h) cirrhosis of the liver.

3. Note which drug is responsible for each effect. Students may be able to guess in many cases. Mark a "+" next to the initial of the drugs that cause an effect, a "-" next to those that do not, and a "?" next to those where scientific conclusions have not been reached. As each effect is brought up, students should copy the transparency information into their own workbook.

4. Have students share what they have seen or heard about each of the effects that you mention. For each, after you have accepted or corrected the information volunteered by the students, add additional information as provided in the summary. Students should fill in the worksheets as each body system is covered.

5. Conclude by noting that some of the effects on the digestive system (such as peptic ulcer for smoking) are in parts of the body where the smoke or alcohol are not in direct contact. Ask the students why they think this is so. If the students cannot answer correctly, point out that the various chemicals in these substances can be transported throughout the body by the circulatory system.

## THE DIGESTIVE SYSTEM—KEY

Label drug use effects on the drawing below as follows:

Drugs: T = tobacco A = alcohol M = marijuana
Effects: + = effect known - = no effect ? = effect unknown
When: I = immediate C = cumulative

T (+)
A (+)
M (?) Cancer of the Mouth Ⓒ

T (+)
A (-)
M (?) Yellow Teeth Ⓒ

T (+)
A (-)
M (?) Gum Disease Ⓒ

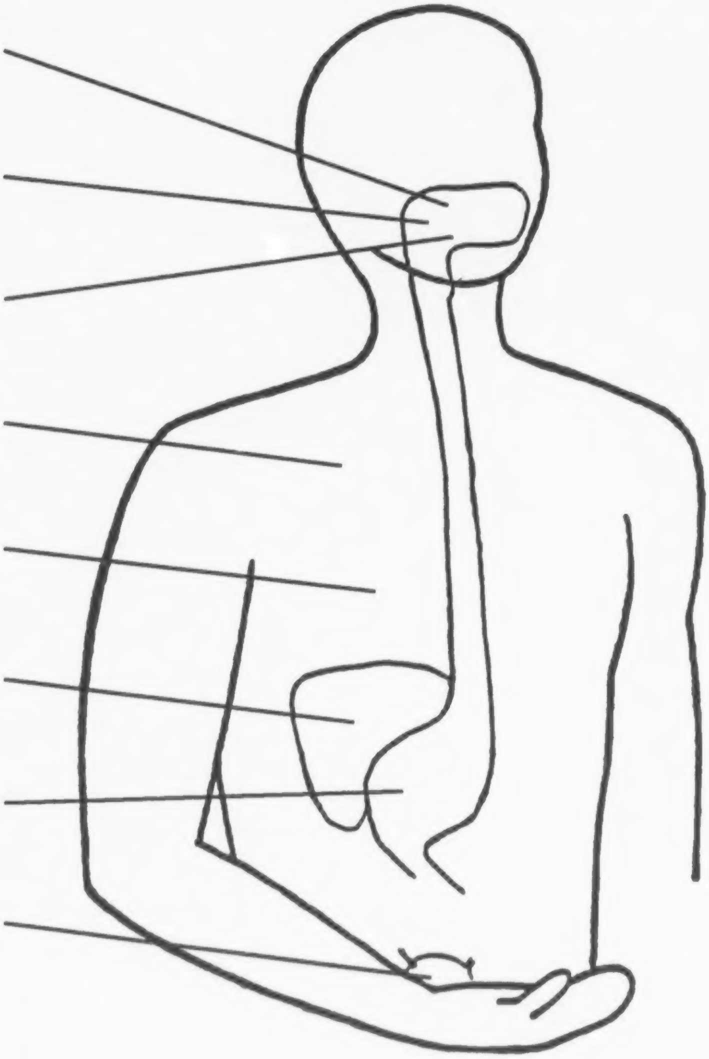
T (-)
A (+)
M (-) Malnutrition Ⓒ

T (-)
A (+)
M (-) Dehydration Ⓘ

T (-)
A (+)
M (-) Cirrhosis of the Liver Ⓒ

T (+)
A (+)
M (-) Peptic Ulcer Ⓒ

T (+)
A (-)
M (?) Bladder Cancer Ⓒ



LESSON #36a
Science

# THE DIGESTIVE SYSTEM

Label drug use effects on the drawing below as follows:

Drugs: T = tobacco A = alcohol M = marijuana
Effects: + = effect known - = no effect ? = effect unknown
When: I = immediate C = cumulative

T ( )
A ( )
M ( ) ____________

T ( )
A ( )
M ( ) ____________

T ( )
A ( )
M ( ) ____________

T ( )
A ( )
M ( ) ____________

T ( )
A ( )
M ( ) ____________

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M ( ) ____________

T ( )
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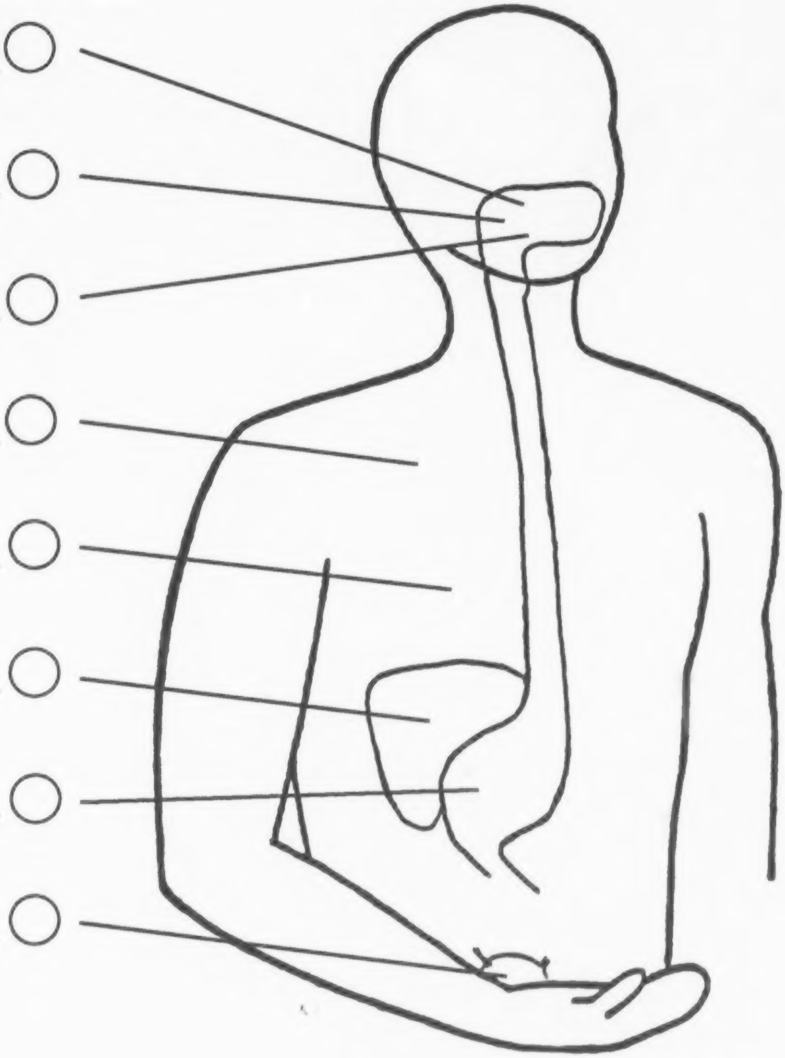
M ( ) ____________

T ( )
A ( )
M ( ) ____________



ACTIVITY #2

### What Are the Effects of Substance Use on the Nervous System?

Have students turn in their workbooks to the "Nervous System" worksheet.

1. Using the transparency entitled "Nervous System," review the anatomy of this system noting the location and function of the various parts.

2. Pose the question, "How do tobacco, alcohol, and marijuana affect the nervous system?" Allow students to share what they know, writing the effects on the appropriate lines of the transparency as they are mentioned (see the worksheet key). Effects to be included are (a) increased hand tremor, (b) substance use "high," (c) depression of central nervous system, (d) impaired coordination, (e) slurred speech, (f) behavior and mood changes, (g) loss of alertness, attention, and ability to reason, (h) memory loss, and (i) "burn out."

3. Note which drug is responsible for each effect. Students may be able to guess in many cases. Mark a "+" next to the initial of the drugs that cause an effect, a "-" next to those that do not, and a "?" next to those where scientific conclusions have not been reached. As each effect is brought up, students should copy the transparency information into their own workbook.

4. Have students share what they have seen or heard about each of the effects that you mention. For each, after you have accepted or corrected the information volunteered by the students, add additional information as provided in the Summary. Students should fill in the worksheets as each body system is covered.

5. Ask the students which of the effects on the nervous system would concern them the most. Which can happen to "light" users?

LESSON #35b
Science

## THE NERVOUS SYSTEM—KEY

Label drug use effects on the drawing below as follows:

Drugs: T = tobacco A = alcohol M = marijuana
Effects: + = effect known - = no effect ? = effect unknown
When: I = immediate C = cumulative

T (-)
A (+)
M (+) Depression of CNS I

T (-)
A (+)
M (+) Memory Loss I

T (-)
A (+)
M (+) Loss of Alertness I

T (-)
A (-)
M (+) "Burn Out" C

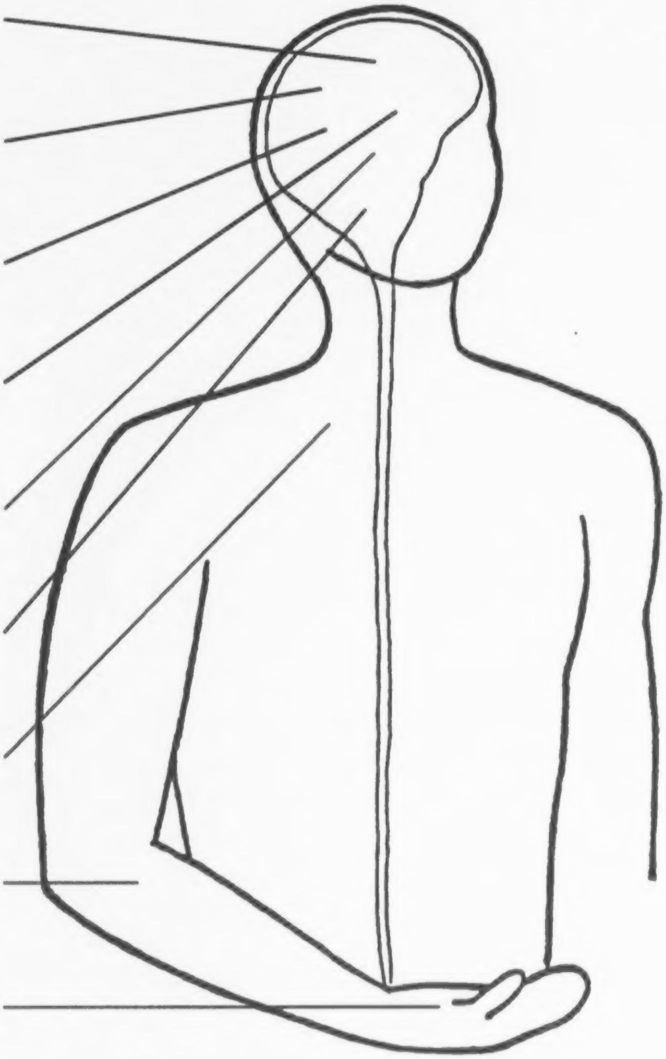
T (+)
A (+)
M (+) Substance Use "High" I

T (-)
A (+)
M (-) Slurred Speech I

T (-)
A (+)
M (+) Behavior & Mood Changes I

T (-)
A (+)
M (+) Impaired Coordination I

T (+)
A (+)
M (+) Increased Hand Tremor I

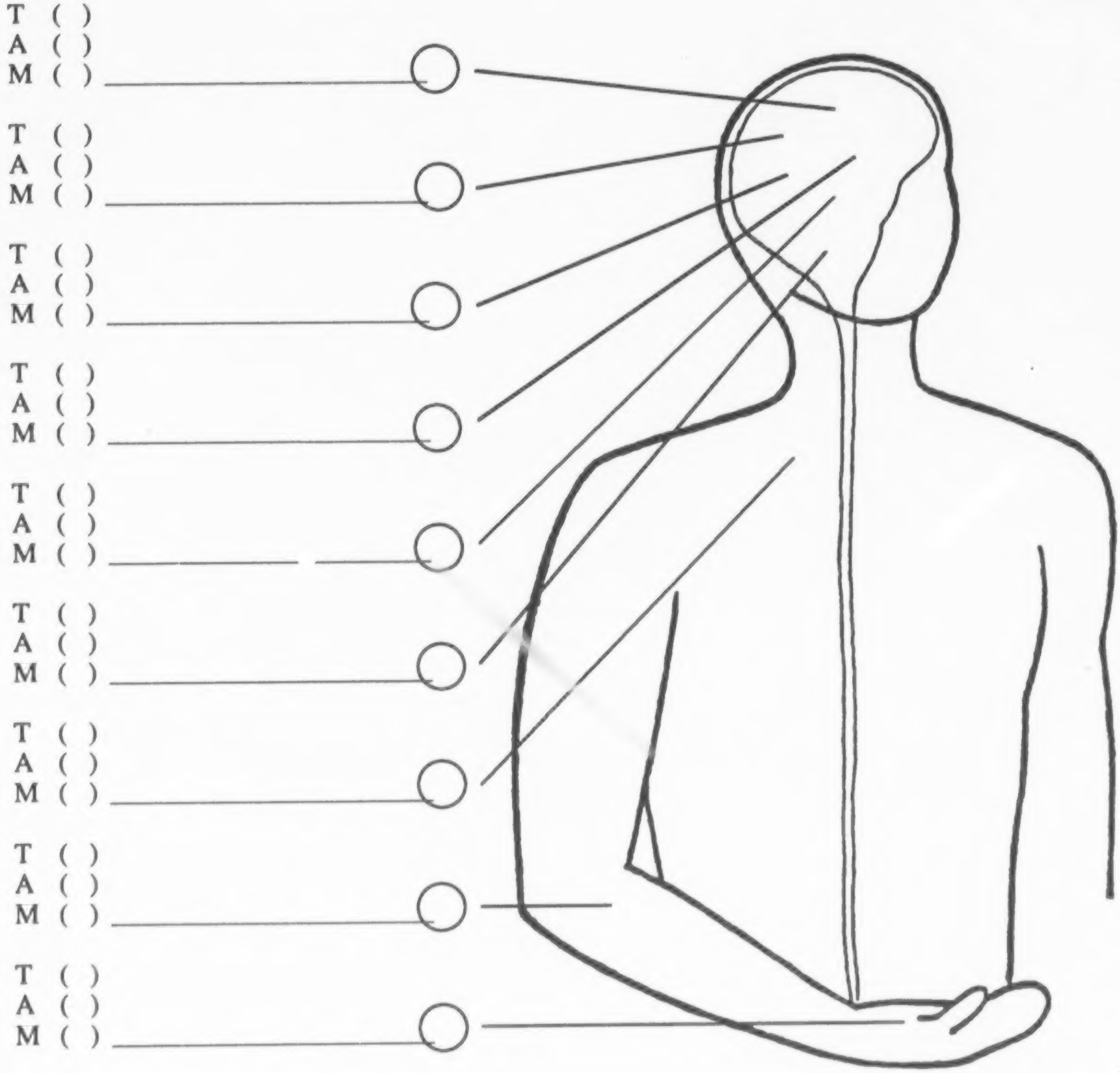


LESSON #35b
Science

# THE NERVOUS SYSTEM

Label drug use effects on the drawing below as follows:

Drugs: T = tobacco A = alcohol M = marijuana
Effects: + = effect known - = no effect ? = effect unknown
When: I = immediate C = cumulative


T ( )
A ( )
M ( )
T ( )
A ( )
M ( )
T ( )
A ( )
M ( )
T ( )
A ( )
M ( )
T ( )
A ( )
M ( )
T ( )
A ( )
M ( )
T ( )
A ( )
M ( )
T ( )
A ( )
M ( )
T ( )
A ( )
M ( )

ACTIVITY #3

## What Are the Effects of Substance Use on the Reproductive System?

Have students turn in their workbooks to the "Reproductive System" worksheet.

1. Using the transparency entitled "The Reproductive System," note that tobacco, alcohol, and marijuana each affect a couple's ability to deliver a normal, healthy baby.

2. Since young students are unlikely to have heard about many of the effects of substance use on the reproductive system, you may wish to lecture more than discuss this system.

3. Note that each drug has specific effects on this system. Complete the worksheet with the students. Included as effects are (a) fetal alcohol syndrome, (b) low birth weight, (c) miscarriage and neonatal death, (d) decreased testosterone, (e) lower sperm count, and (f) decreased ability for sperm to move.

4. Note which drug is responsible for each effect. Students may be able to guess in many cases. Mark a "+" next to the initial of the drugs that cause an effect, a "-" next to those that do not, and a "?" next to those where scientific conclusions have not been reached. As each effect is brought up, students should copy the transparency information into their own workbook.

5. Have students share what they have seen or heard about each of the effects that you mention. For each, after you have accepted or corrected the information volunteered by the students, add additional information as provided in the Summary pages.

6. Conclude by noting that as they grow up and start having children, these things will be very important to them. No one wants to have children who are not healthy and normal in every way. By using tobacco or marijuana or by abusing alcohol, your chances of having the most normal children are lessened.

## THE REPRODUCTIVE SYSTEM — KEY

The use of tobacco, alcohol, or marijuana can lessen a couple's ability to deliver a normal, healthy baby.

Specific effects on the reproductive system:

1. FETAL ALCOHOL SYNDROME: T- A+ M?
2. LOW BIRTH WEIGHT: T+ A+ M?
3. MISCARRIAGE: T+ A+ M?
4. NEONATAL DEATH: T+ A+ M?
5. DECREASED TESTOSTERONE: T+ A+ M+
6. LOWER SPERM COUNT: T? A+ M+
7. DECREASED SPERM MOVEMENT: T- A+ M+

Drugs: T = tobacco; A = alcohol; M = marijuana
Effects: + = effect known; - = no effect; ? = effect unknown

LESSON #35c
Science

## THE REPRODUCTIVE SYSTEM

The use of tobacco, alcohol, or marijuana can lessen a couple's ability to deliver a _______, _________ baby.

Specific effects on the reproductive system:

1. FETAL ALCOHOL SYNDROME: T_ A_ M__

2. LOW BIRTH WEIGHT: T_ A_ M__

3. MISCARRIAGE: T_ A_ M__

4. NEONATAL DEATH: T_ A_ M__

5. DECREASED TESTOSTERONE: T_ A_ M__

6. LOWER SPERM COUNT: T_ A_ M__

7. DECREASED SPERM MOVEMENT: T_ A_ M__

| | | | |
|---|---|---|---|
| Drugs: | T = tobacco; | A = alcohol; | M = marijuana |
| Effects: | + = effect known; | - = no effect; | ? = effect unknown |

ACTIVITY #4

### Immediate and Cumulative

1. Explain that all of the effects of substance use on the human body which have been discussed can be divided into two types—immediate and cumulative. Write "Immediate" and "Cumulative" on the chalkboard. Have students turn to the worksheet "Immediate and Cumulative."

2. Ask students to define "Immediate Effects" in their own words. Have students describe possible immediate effects of:

   - dropping a glass vase
   - throwing a stone into a pond
   - cutting a finger

3. Students should write the definition of "Immediate Effects" on their worksheets.

4. Ask students to define "Cumulative Effects" in their own words. Have them describe possible cumulative effects of:

   - throwing garbage in your yard each day
   - peeling a little bark off a tree each day
   - saving daily newspapers

5. Students should write the definition of "Cumulative Effects" on their worksheet.

6. Have the students break into their groups. Each group should determine among themselves which of the effects listed on each of the body map worksheets are immediate and which are cumulative. The students should put a C for cumulative or an I for immediate in the circle next to each effect.

7. Have the students discuss the questions which are on the "Immediate and Cumulative" worksheet.

8. Have the group leaders report on the results of their discussion.

9. Post the keys to the body system worksheets, so that the students can check their answers.

LESSON #35d
Science

## IMMEDIATE AND CUMULATIVE

1. IMMEDIATE effects are ______________________________
______________________________

2. CUMULATIVE effects are ______________________________
______________________________

3. Discuss the following questions: Be prepared to share your responses with the class.

   a. Why is the change in heart rate caused by smoking tobacco and marijuana harmful?

   ______________________________
   ______________________________

   b. How does carbon monoxide act in the respiratory and circulatory systems to cause problems?

   ______________________________
   ______________________________

   c. Which of the immediate effects of tobacco, marijuana, and alcohol would be least desirable if you were out on a date?

   ______________________________
   ______________________________

   d. Shakiness in hands is often a sign of nervousness, but many people claim to smoke tobacco or marijuana to relax. Why doesn't this make sense? In what situations is a steady hand important?

   ______________________________
   ______________________________

   e. Why is it dangerous to drive after using marijuana or alcohol?

   ______________________________
   ______________________________

ACTIVITY #5

## Interviewing Homework

1. Assign students to complete the "Interview of Tobacco Smoker and Nonsmoker" homework assignment. Briefly review the assignment with them, noting that students must work with their parents or other adults to complete this assignment.

2. Stress that credit for completing the assignment will be based on the student completing the assignment and on getting the appropriate signatures.

3. Indicate that if there is anyone who feels they cannot do the assignment with the adults they know, they should talk to you about who they could use as a substitute. Because fewer people smoke, it may be difficult for some students to identify a smoker to interview. We suggest that you try to identify a couple of members of the school staff who smoke and who would be willing to be interviewed by some students.

4. Assign a date on which the assignment is due.

## INTERVIEWS OF TOBACCO SMOKER AND NONSMOKER

Dear Student:

For this assignment you are to conduct two interviews—one with a smoker and the other with a nonsmoker. If one of your parents smokes and the other does not, then you could interview both of them. Otherwise, have your parent be one of the interviewees and find another adult for the other interview.

### Smoker Interview

1. How many cigarettes do you smoke every day? ______________________
2. Why do you smoke cigarettes? (Try to give at least three reasons.)
   ______________________
   ______________________
3. How much does it cost you to smoke every day? ______________________
4. Have you noticed any effects on your health because you smoke? If yes, what? ________
   ______________________
5. How many times have you tried to quit? ______________________
6. If you could quit now, would you? _____ Why or why not? ______________
   ______________________
   ______________________
7. What would you think if I told you I might like to try smoking?
   ______________________
   ______________________
8. What advice do you have for me about cigarettes?
   ______________________
   ______________________

______________________
Smoker's Signature

## Nonsmoker Interview

1. Have you ever smoked a cigarette? _____ If yes:

   a. How old were you when you first smoked? ______________________________

   b. Why did you start?

   ______________________________

   ______________________________

   c. Why did you quit?

   ______________________________

   ______________________________

   d. Was it difficult to quit?

   ______________________________

2. When you were my age did you have friends who smoked? ______________________________

3. Did friends ever encourage you to smoke? _____ If yes:

   a. What did they do?

   ______________________________

   ______________________________

4. What advice do you have for me about cigarettes?

   ______________________________

   ______________________________

   ______________________________

______________________________
Nonsmoker's Signature

LESSON #35f
Science

## SUMMARY
## THE EFFECTS OF SUBSTANCE USE ON THE DIGESTIVE, NERVOUS, AND REPRODUCTIVE SYSTEMS

1. THE DIGESTIVE SYSTEM: The cumulative effects of smoking listed below are primarily tobacco related. Alcohol has severe effects on the digestive system.

   a. Cancer of the Mouth (T+; M?; A+)*

   Cancer of the mouth is more likely in smokers because the cancer producing tars come into direct contact with the oral cavity. Heavy use of alcohol has also been implicated in cancer of the mouth. The risk is increased substantially if a person both smokes and drinks.

   b. Bladder Cancer (T+; M?; A-)

   Tobacco smokers are at twice the risk of developing bladder cancer. Forty percent of all bladder cancer in males and 30 percent in females is attributed to cigarette smoking.

   c. Gum Disease (T+; M?; A-)

   Tobacco smoke may cause an irritation of the gums. The gums may become red and inflamed and lose their ability to hold teeth in place.

   d. Peptic Ulcers (T+; M-; A+)

   Tobacco smokers have a higher risk of developing peptic ulcers (sores in the stomach or duodenum) than nonsmokers. This is because nicotine inhibits certain hormone secretions thereby contributing to ulcer formation. Alcohol irritates the lining of the stomach and also contributes to peptic ulcer formation by increasing acid secretion.

   e. Yellow Teeth (T+; M?; A-)

   The accumulative of tars and chemicals in the mouth, results in the yellowing of a smoker's teeth.

   f. Malnutrition (T-; M-; A+)

   Most alcoholics do not get the nutrients their bodies and minds need to function adequately. This is not only because they tend to avoid eating required foods but also because the food they do eat is not properly digested. Many alcoholics die of malnutrition.

   Alcohol is related to the development of nutrition-related diseases (e.g., beriberi and pellagra). Beriberi is caused by a thiamine deficiency. Alcohol depletes thiamine, an essential vitamin, in the body. Excessive use may result in beriberi. Beriberi is a disease of the brain, nerves, heart, and blood vessels. Symptoms include general weakness, an enlarged heart, and accumulation of fluids. Pellagra is caused by a niacin deficiency. Like thiamine, alcohol depletes the body of niacin, another essential vitamin. Symptoms include intestinal disturbances and roughening of the skin.

---

*Keys to the worksheets which accompany this lesson.

g. Dehydration (T-; M-; A+)

All cells need water to function. Alcohol depletes water from the cells throughout the body. When depletion is severe from drinking too much alcohol, the results are pain, upset stomach, fatigue, thirst, and headaches. This is known as having a hangover.

h. Cirrhosis of the Liver (T-; M-; A+)

Alcohol is metabolized in the liver. That is, alcohol gets changed into other chemicals when it passes through the liver.

The liver gradually becomes scarred (much like your skin when burned) by alcohol, and becomes unable to perform its normal function. This condition is called cirrhosis.

People with cirrhosis have an abnormal yellow tinge to their skin because waste products ordinarily broken down by the liver remain in the body.

Those who have cirrhosis require special medical treatment. This is a life endangering disease.

2. THE NERVOUS SYSTEM: Tobacco, marijuana and alcohol all affect the nervous system, although marijuana and alcohol are more commonly recognized as having nervous system effects.

a. Increased Hand Tremor (T+; M+; A+)

Smoking tobacco causes an increase in hand tremor or shaking because nicotine has a stimulating effect on the body. Nicotine causes the release of adrenaline, a chemical that is responsible for relaying nervous impulses. The resulting effect is a slight reduction in muscle control, because some muscles then contract spontaneously. Marijuana also increases hand tremor. A tobacco or marijuana smoker, for example, would have difficulty threading a needle or building a model immediately after smoking.

Muscle control is also lessened after drinking alcohol. Alcoholics who go through withdrawal also have severe shakes.

b. Substance Use "High" (T+; M+; A+)

Cigarette smokers report a "kick" or a "high" when they smoke. This is the result of nicotine stimulation in the brain. This stimulation can occasionally produce dizziness and nausea even in habitual smokers.

Marijuana smokers also often experience a "high." This is caused by the THC in marijuana. People are affected differently by marijuana. Some people become giddy and may laugh about things they would not usually find funny. Others talk a lot or become very quiet. Thinking takes longer and time seems to slow down. The strength of the THC in the marijuana will affect how strong the "high" is and how long it lasts.

Moderate amounts of alcohol also cause a "high," in most users, but the drinker is not stimulated. Rather, alcohol's first effect on the brain is to depress the area of the brain which regulates judgment and restraint. Thus, the person may feel stimulated. Chronic users of alcohol usually get depressed rather than happy when they drink.

c. Depression of Central Nervous System (T-; M+; A+)

While the users of these substances may feel "high" the effect of marijuana and alcohol in the central nervous system is to depress it or artificially reduce the brain's level of activity.

d. Impaired Coordination (T-; M+; A+)

Alcohol results in a depressive action on brain centers that control hand and eye coordination. Mild loss of coordination and dizziness may occur. Severe loss of control occurs after 4 or 5 drinks for most adults. Coordination may be reduced with fewer drinks (even one) for younger people. Impaired driving results when alcohol or marijuana are used in ordinary quantities (two drinks or one joint).

Marijuana also impairs coordination.

e. Slurred Speech (T-; M-; A+)

Alcohol causes a depressive action on brain centers that control speech. Slurred speech occurs after about five drinks.

f. Behavior and Mood Changes (T-; M+; A+)

Alcohol tends to reduce people's inhibitions. This frequently results in their doing things they think are "cool" or admirable that to a sober person are embarrassing and foolish. Under the influence of alcohol, many people become hostile and aggressive. Most violent crimes (assault, rape, murder) are committed under the influence of alcohol. People who have an excess amount of alcohol typically overestimate their ability to be in control of themselves.

Marijuana also has behavior and mood effects similar in many ways to those of alcohol. A common adverse reaction to marijuana is the feeling of loss of control and subsequent acute anxiety. This is more common among inexperienced users but can occur even in experienced users if they get a stronger does of THC than they are used to or expect.

g. Loss of Alertness, Attention, and Ability to Reason (T-; M+; A+)

Alcohol has a general depressive effect on the brain. Even though a person may feel sober, learning ability is impaired. People have a difficult time concentrating without being side tracked when they drink. Even simple logical tasks, like arithmetic, become difficult for people who drink too much.

Marijuana also affects learning ability and concentration. The more complex the task, the harder it is for someone who is marijuana intoxicated.

h. Memory Loss (T-; M+; A+)

Marijuana has a large impact on memory. Information is not learned as easily and information which is learned while "high" is not well recalled.

Memory is also affected by alcohol. When people drink a lot they sometimes have difficulty remembering events that happened to them while they were drunk. They don't even remember after they sober up. This is called a "black out." Alcohol can damage brain cells, especially those involved in memory and coordination. Once brain cells are damaged, they cannot be repaired.

i. "Burn Out" (T-; M+; A-)

After smoking marijuana heavily for months or years permanent damage to the brain may result. When this happens it is called "burn out." People who are burned out have little motivation, appear a little confused all the time, and have no energy to do things. Some who suffer from burn out may never completely recover.

3. THE REPRODUCTIVE SYSTEM: Many of the effects of these substances on the reproductive system have just recently been discovered, and more may well be discovered in the next few years.

a. Fetal Alcohol Syndrome (T-; M?; A+)

There are a number of abnormalities that may be caused by mothers' drinking during pregnancy. The abnormalities are known as the Fetal Alcohol Syndrome and include:

1) Small heads
2) Poorly developed lower jaws
3) Defects in bone structure
4) Heart abnormalities
5) Mental retardation

Scientists now wonder if there is also a "fetal marijuana syndrome." Early data suggest a nearly identical pattern for babies of mothers who are chronic marijuana users.

b. Low Birth Weight (T+; M?; A+)

Women who smoke tobacco and drink alcohol have smaller babies, which is often an indication of retarded development. Smaller babies have a greater likelihood of respiratory and other problems after birth. Smoking during pregnancy may have long-term effects on growth and development even after the child is born. Children of mothers who smoke during pregnancy do not catch up with children of nonsmoking mothers in various stages of development. The more the mother smokes, the greater the reduction in birth weight. If a mother quits smoking during the first three months of the pregnancy, the risk of low birth weight decreases and is similar to the nonsmoker.

c. Other Pregnancy Complications (Miscarriage and Neonatal Death) (T+; M?; A+)

Women who smoke tobacco during pregnancy have a greater likelihood of not being able to carry the baby to term (spontaneous abortion or miscarriage), of fetal death, and of the infant's death shortly after birth (neonatal death) in otherwise normal infants. These problems may be partly caused by carbon monoxide in maternal and fetal blood and the resulting disruption of the oxygen supply to the fetus. A number of other complications of pregnancy are more common among tobacco smokers.

While marijuana smoking has not yet been proven to be related to abnormal fetal development, there is good evidence that THC passes through the placenta to the fetus and tends to concentrate in the fetus' fatty tissues (including the brain). Increased risk of reproductive problems has been found in animal experiments. Therefore, the distinct possibility that marijuana use during pregnancy might result in abnormal fetal development makes its use during pregnancy very unwise.

Alcohol has been shown to increase the likelihood of neonatal death. The cause of this usually has to do with brain malformation in the baby. The use of tobacco and alcohol together add even further to the chances of miscarriage, stillbirth and neonatal death.

d. Decreased Testosterone Levels (T+; M+; A+)

Testosterone is a hormone found in males that is important in reproduction. Heavy tobacco and marijuana use may cause a decrease in testosterone levels. Alcohol also decreases testosterone levels.

e. Decreased Sperm Count (T?; M+; A+)

Heavy marijuana use may also cause diminished sperm count and function. Both testosterone and sperm count decreases are significant only for people who have initial borderline levels. It appears also that these effects diminish when marijuana use is discontinued. Alcohol also lowers sperm count.

f. Decreased Sperm Movement (T-; M+; A+)

The sperm of marijuana users tend to lose their ability to move properly. One reason it may be more difficult to get pregnant in such a case is that the sperm don't travel far enough up into the uterus to find the egg. A similar effect is found in alcohol abusers.

LESSON #36

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8  SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: To recognize the importance of families, family roots, and participation in family activities. CCG: 5.6

AOD Prevention: Knowing and valuing one's self. AOD: 1

LESSON DIRECTIONS: Discuss the meaning of family and what forms families may take:

- two natural parents
- single parents
- step-parents
- grandparents
- foster parents
- brothers and sisters
- aunts, uncles, cousins
- other relatives or friends

Have students write a list of their immediate family members (those who are most closely related or who live with them) and ways in which they spend time with each of them (e.g., eat meals, go to church, read, play ball, watch television, go shopping, work around the home).

Ask students to select their three favorite activities and to note when and how often they participate in them, who else participates, and why they enjoy the activities so much. Ask students to write some of these activities on the board. Discuss how families differ in what they do together. Emphasize that differences are okay.

Ask students to jot down an event or accomplishment in their family history that made them proud (e.g., a brother graduating from college; a sister winning an award or trophy; parents immigrating from another country to build a better life; grandparents raising an extended family). Ask students to name some of these events or characteristics. Discuss how every family has reasons to be proud.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES: Encourage students to discuss special events in their family history with their parents and other relatives.

LESSON #36
Social Studies

MATERIALS NEEDED: Chalkboard

TEACHER PREP:

TEACHER BACKGROUND: Peer group relationships become increasingly important from ages 12 to 14, and adolescents may try to distance themselves emotionally from their families, especially their parents. This lesson reminds students that (1) although families may share some characteristics, every family is different, and that is okay; and (2) taking part in family activities is an important way to develop a sense of belonging.

SOURCE:

LESSON #37

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: To know the elements of a positive, healthy friendship. CCG: 5.7

AOD Prevention: Practicing behaviors which keep oneself safe and healthy. Knowing and valuing one's self. AOD: 1, 3

LESSON DIRECTIONS: Discuss the importance of friendships by having students describe qualities about themselves and their friends that help create good friendships. Have them see how the elements just described exemplify the qualities of their friends they described.

Discuss the importance of allies to nations. Write the name of a U.S. ally (e.g., England) on the chalkboard and discuss how the two countries are friends with each other.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Chalkboard

TEACHER PREP: You might wish to discuss what happens when friends or allies are no longer friendly. Invite students to suggest how they would deal with a friend who no longer wanted to be a friend—or a nation that no longer wanted to be an ally.

TEACHER BACKGROUND: For children in these grades, friendships assume ever-increasing significance. Friends become a source of support, information, and adventure as well as a testing opportunity for values and beliefs. Therefore, children at this age need to know more about friendships so they can choose them wisely and maintain healthy ones. The essential elements of friendship are shared beliefs and values, shared interests and experience, proximity, and feelings of being cared for and listened to—all in an atmosphere of trust. Children can learn to understand these elements by discussing how friends and allies are similar and how alliances between countries are similar to friendships between people.

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | To encourage students to help others, including their peers. | CCG· 5.3 |
| AOD Prevention: | Knowing and valuing one's self. | AOD: 1 |

LESSON DIRECTIONS:

Using stories that students have clipped from a newspaper, discuss problems in your community or state and examples of ways in which civic groups, social service agencies, religious groups, and others are helping (e.g., a local community group helping immigrants resettle; a nonprofit group providing after-school care for children). Discuss how helping people find jobs and housing, child care, medical care, and other assistance helps the whole community.

Explain that communities need help from youths, and point out that one way youths can contribute to their community is by helping their peers. Ask students to suggest ways in which peers may need help (e.g., improving academic skills, learning a new sport). Have students write a few of these on the board. Discuss why it may be difficult for young people to ask peers for help, and how asking for and accepting help can be signs of strength.

Discuss with students some actions they might take to help peers (tutoring in academic subjects, visiting someone in the hospital, coaching someone in a sport, conducting a school clothing drive for needy youths).

Ask students to select one idea and write a brief proposal on how they intend to help someone their own age (note: tell students they may keep confidential the person's identity). Ask a few students to read their proposals, and discuss how often they might want to commit themselves to helping (e.g., only once, once a week, once a month).

Ask students to report to the class periodically about their helping experiences.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES: Create a "Peers Helping Peers" bulletin board where students can sign up for specific helping projects within the school. Assign a peer-helping leader to help direct each project.

MATERIALS NEEDED: Newspaper clippings.

TEACHER PREP:

TEACHER BACKGROUND: Youths of ages 12-14 like to be helpful, but often overlook opportunities to help other youths. Because they are so concerned about being accepted at this age level, they generally do not feel comfortable asking their peers for help—because that might be perceived as a sign of weakness. This lesson helps students understand that both seeking help and giving help can be signs of strength.

SOURCE:

LESSON #39

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: To understand that, in our democratic form of government, each person has a voice, and that people assume responsibility for one another through laws they create and enforce. CCG: 9.4

AOD Prevention: Understanding of the nature, scope, and complexity of the AOD abuse problems in school, families, and community. AOD: 2, 4, 7, 8

LESSON DIRECTIONS: Discuss issues about which students might want to express their opinions. Focus on issues that effect the local community, the state, or the nation (e.g., suggestions on how to fight drugs in a neighborhood, how to clean up a commercial area, how to raise money for new playground equipment). Have students identify persons who might have influence on the problem (e.g., a principal, a school board member, a newspaper editor, the U.S. President, a congressman, a senator, a governor, a mayor). Discuss the role of each in solving problems.

Ask students to write a brief letter to someone in authority, expressing concern about a particular problem and suggesting a solution. Give each student a copy of the letter format (following) to be used to communicate with someone in a public position.

Collect and mail the finished letters. Prepare a bulletin board displaying copies of the letters or the names and addresses of all the people to whom students sent letters. Display responses from recipients of the letters.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Copies of the letter format (following); name and addresses of authorities to whom students may write; bulletin board.

TEACHER PREP: It is important to have the correct name, address, and salutation for each person to whom your students may write.

You may have the class write a joint letter or write individual letters.

TEACHER BACKGROUND: Children in these grades need to understand how a democratic society works and how they can assume some responsibility for helping society. A major component of a democratic government is that each citizen has a voice. One way adults express their voice is by voting. Younger people also can make a difference by discussing their concerns with government representatives. Children can begin this process of assuming civic responsibility by communicating with lawmakers and other government representatives.

SOURCE:

## SAMPLE LETTER FORMAT

**Address:** **Date:**

____________________ ________________

____________________

____________________

**To:** ____________________

**Signature:**

________________

**Address:**

________________

________________

________________

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

Content Area: To help youths look at their lives with a broader perspective and establish goals for the future. CCG: 7.5

AOD Prevention: Knowing and valuing one's self and evaluating choices for the future. AOD: 1, 7

LESSON DIRECTIONS: Draw a timeline on the board and have students copy it on a piece of paper. Label the left terminus Birth and the right terminus The Future, ending in an arrow. Divide the timeline into segments according to stages of life (e.g., *Infancy, Early Childhood, Childhood, Pre-adolescence, Adolescence, Young Adulthood, Adulthood, Middle Age, Old Age*).

Explain that each person's life is like history itself: filled with mundane daily happenings that are sparked by extraordinary events that change the course of a life. Examples of such events: learning to walk and talk, entering school, learning to read, winning a competition, learning a sport, graduating from high school, getting a good job, having a family, and so on.

Ask students to note on their timelines important events that have occurred in their lives. Then ask them to fill in the rest of the timeline with specific goals they would like to accomplish. Invite a few students to put their timelines on the board.

Discuss a few of the timelines and the efforts involved in reaching some of the goals students have identified. Point out the value of looking at life as a continuum, with accomplishments creating the foundation for future accomplishments.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Chalkboard

TEACHER PREP: Discuss how our nation's leaders have affected history (e.g., Rev. Martin Luther King, Jr. and the civil rights movement).

LESSON #40
Social Studies

Suggestion: Read and discuss King's "I have a dream" speech, and discuss how it relates to setting goals for the future.

TEACHER BACKGROUND: Adolescents in grades 6-8 are very concerned with the present. Youths who use or sell drugs usually are seeking temporary thrills, escape from problems, acceptance from peers, or fast money—all of which are of more immediate importance than their future and the harmful consequences of drugs. This lesson attempts to build self-esteem and to provide direction by helping students review successes in their lives and think about what they would like to accomplish in the future—and how using or selling drugs would interfere with attaining positive life goals.

SOURCE:

LESSON #41

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8 SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Relation of self-worth to job aspirations, job preparation, job satisfaction. CCG:

AOD Prevention: Self-worth, self-esteem. AOD: 1

LESSON DIRECTIONS: Turn off the classroom lights and play a recording of Whitney Houston's hit song, "The Greatest Love of All." Have students close their eyes and listen to the words of the song.

Turn the lights on and give students a copy of the words to the song. Play the recording again and have students read along with their handout.

Lead a discussion using the following questions:

- According to Whitney Houston, what is the "greatest love of all?"
- Why is it important to love yourself?
- Is it true "children are our future?" Why?
- Who does Whitney say must fulfill our dreams? Why?
- What does the song say about success and failure?
- What do each of us have that nobody can take from us?
- How does self-worth and self-esteem relate to career aspirations, preparation and satisfaction?

Have students make a list of their own positive characteristics and share one or two with the class.

Have students write ten different endings to the statement: "I feel good about myself because ______________________________."

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Record/tape player, recording of Whitney Houston's "The Greatest Love of All," a handout of the words to "The Greatest Love of All."

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:

# K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | 6-8 | SUBJECT AREA: Professional and Technical Education (Home Economics) |

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Creation of hand puppets, sewing. | CCG: |
| AOD Prevention: | Using refusal skills in various social situations. | AOD: 6, 7, 8 |

LESSON DIRECTIONS: Have students make puppets (instruction on sewing; instruction on puppet construction).

Explain/discuss how puppets have been and are used to express ideas, stories, morals, etc. (history and use of puppets).

Discussion of refusal skills as a way to cope with peer pressure to try things, take dares, be cool, etc. Put students into small groups (2-3 per group).

Write a short play around peer pressure to try something illegal or dangerous or uncomfortable, and using refusal skills to resist peer pressure.

Have students perform their plays to younger students.

Time:

Follow-up:

MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Felt pieces (9" x 12"), thread, needles, pins, cardboard puppet stage, wiggly eyes, tag board, butcher paper.

TEACHER PREP:

TEACHER BACKGROUND: See Lesson 13.

SOURCE:

## K-8 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 6-8

SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Debunking the myth that other people are "perfect" or have all the ideal characteristics. CCG:

AOD Prevention: Self-worth—nobody's perfect. Having a healthy self-concept is an important part of staying drug free. AOD: 1, 10

LESSON DIRECTIONS: In cooperative learning groups:

Brainstorm "ideal" characteristics and qualities for junior high and high schoolers. (Picture the ideal/perfect teenager. What is he or she like? What characteristics does she or he have? What characteristics does he or she not have?)

Display the groups' lists on the board or butcher paper (taped onto wall).

Discuss in your group which or how many qualities a person has to have in order to be "ideal" (or "in" or "cool" or "rad" or whatever!). In order to be just "okay" or "normal" or "average." How many qualities have to be missing for someone to be "not okay?" Or less than average?"

With the whole class, lead a guided discussion to illustrate the nobody ever has all the qualities or characteristics that we imagine an ideal person has. ("NOBODY'S PERFECT AND WE'RE STILL ALL OKAY, but we can all be better than we are.")

Ask students to share their responses. Questions to ask: Do you know someone who has all the ideal characteristics you listed? What's the cutoff point for being okay/not okay? On individual, confidential worksheets (that don't have to be shared with anyone else if they don't want to), have students write down qualities they believe they have.

From all the qualities on the lists on display:

a. Which ones could you use to describe you? Which ones (2-4) do you feel fit you?
b. Which one quality would you like to develop?
c. How might you begin developing that quality?

LESSON #43
Professional and Technical Education

Class discussion again:

Discuss how self-qualities and feelings about yourself could affect things that you might want to try to do; friends you might want to make; classes you might want to take; jobs or careers you might want to prepare for.

Discuss how a healthy concept of yourself is an important part of resisting pressure to try alcohol or other drugs, and an important part of staying drug free through high school.

Time:

Follow-up:

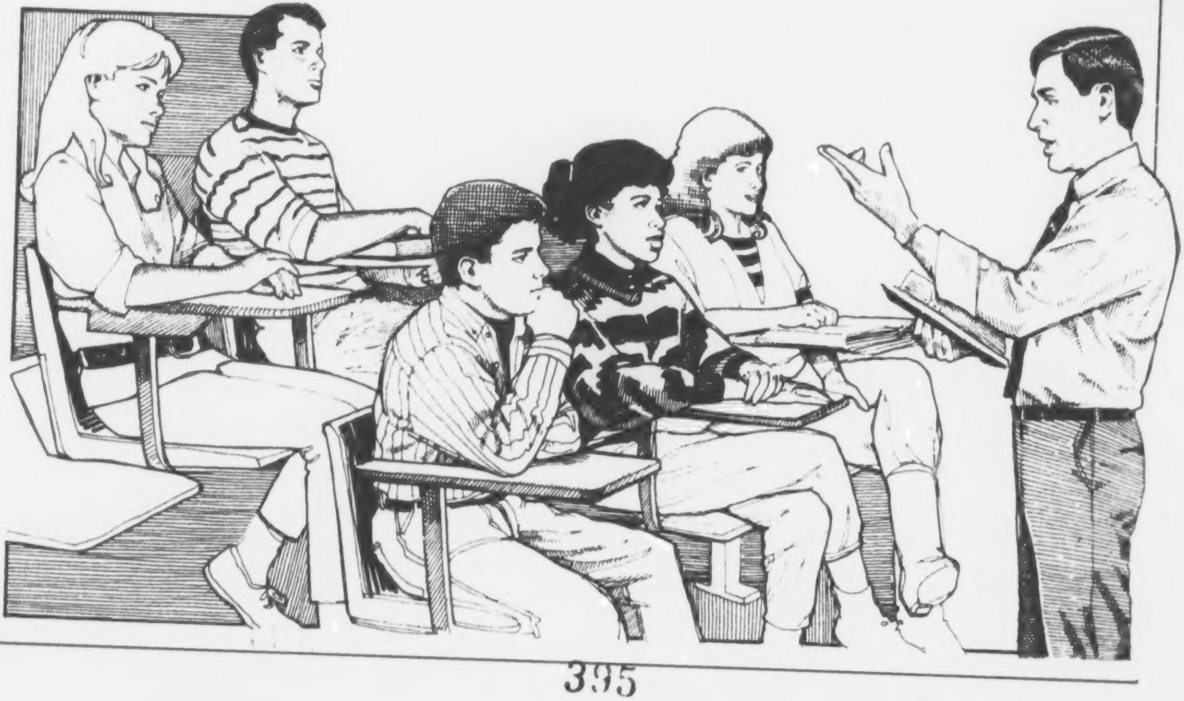
MODIFY FOR HIGHER-LOWER GRADES:

MATERIALS NEEDED: Butcher paper, markers, tape, individual worksheets.

TEACHER PREP:

TEACHER BACKGROUND:

SOURCE:



GRADES 9-12

# INTRODUCTION

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**Background for Teachers** **Grades 9-12 (ages 14-18)**

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Youths in grades 9-12 (14- to 18-year-olds, approximately) are a diverse population. The years between 14 and 18 represent vast changes from the immaturity of early adolescence to the nearly full maturity of adulthood.

Perhaps the most problematic aspect of grouping students at these ages together in high school is that the young 9th graders are exposed to much older youths, many of whom have greater mobility and exposure to the world (they are driving automobiles and are legally able to work). Youths at risk of drug use find themselves exposed to a much less sheltered world than in their elementary or middle school; as a consequence they are suddenly exposed to more opportunities, both good and bad.

For younger people in this age grouping, older schoolmates can be the link to drug use. Wanting to belong, the younger ones may engage in dangerous and self-destructive activities. The "trickle-down" effect described by proponents of raising the legal drinking age argue this point persuasively by citing evidence that older youths may entice the younger ones to drink alcohol. Adults become especially important as resources for helping youths resist drugs. Adults can influence youths by being models of positive, healthy, responsible attitudes and behavior.

## Influence of peers and adults

From ages 14 to 18, friendships become increasingly important to youths. Friends become a source of information to youths who can be significant in promoting decisions. At these ages, friendships can be volatile. Girls especially may be friendly and supportive of one another one day and noncommunicative and hurtful the next. Adults may wish to intervene, but they need to exercise restraint so that youths can work out their own relationship problems and improve their communication skills.

Friendships with persons of the opposite sex become increasingly important. Physiologically, youths feel an increasing attraction to the opposite sex, and to some extent, social norms push the adolescents to pair off. Many events, school-sponsored or not, encourage youths to relate to the opposite sex. During the course of this "pairing-off," some youths may be pressured to engage in behavior that is contrary to their own or their families' values. Such pressure may cause conflict and stress.

In addition, interest in the opposite sex may push adolescents to accept dares, take risks, or take advantage of others by boasting about nonexistent accomplishments so they can appear more worldly. Such behavior is troubling to adolescents, and they need help dealing with feelings of guilt. This is a risky time, because their future is at stake. Parents who can keep lines of communication open during this period are giving one of the greatest gifts they can provide. Being authoritative without being overly judgmental and listening without giving advice unless it is asked for, are two important communication skills that parents and other adults should try to cultivate to help adolescents.

## Tailoring the prevention message

Older adolescents are able to deal with abstract concepts such as truth and justice. Together with a more mature moral view of the world, which allows them to consider how individuals and their actions affect others' lives, this ability to think and reason in the abstract allows them to consider the economic costs of drug use; the results of teenage pregnancy; the reasons for law; and the impact of drugs on our health care, rehabilitation, and judicial systems. Drug prevention education consequently should focus less on drugs and their use as on the ways in which drugs affect society. Infusing drug prevention education throughout the curriculum is essential, and the entire school staff should be involved in presenting the drug prevention message.

As adolescents move toward the legal drinking age of 21, alcohol use tends to be heavy. Drug prevention for older adolescents, consequently, should stress the necessity of responsible behavior by those who choose to drink when they become of legal age. They should understand the danger and consequences associated with alcohol use (during pregnancy, while driving a car or operating machinery, for example). This, of course, should be discussed in the context of the prevention message that alcohol is not legal for youths under age 21, is harmful to developing bodies, and many people choose not to drink.

At ages 14-18, youths are interested in the future. They understand how choices they make now can have both immediate and long-term implications and consequences. They are able to understand that seeking instant gratification can result in events that may change the entire direction of a person's life: a pregnancy, an arrest for drug possession, or exclusion from a sports team for drug use. Adolescents need to know that certain choices now can limit them later on. This message must be presented early and in a straightforward manner.

Adolescents continue to be body-oriented; they want to be physically healthy and attractive. Drug prevention education consequently needs to point out the inconsistencies between using drugs and maintaining a healthy, attractive body. Youths may deny that drugs will harm them, but they need to be aware regardless. In particular, they should know that drug use lowers the immune system, and that sharing needles during intravenous drug use is one way to get AIDS. They must have straightforward, accurate information to help them prevent the spread of AIDS.

## Influences on learning

Adolescents face a great deal of stress from competing in school, learning how to handle relationships with other people, dealing with societal pressures, and planning for the future. Often, they are not prepared to cope with this stress. When they were younger and felt ill, a pill might have helped. Now the pill becomes alcohol, an illegal drug, or a relationship that does more harm than good. These inappropriate coping mechanisms cause more stress. Adults can help adolescents cope with stress by listening to them and by supervising outlets for stress through art, drama, music, and sports.

Youths ages 14-18 are creating their own ethical systems. They no longer believe that adults are always right by virtue of their age. These older adolescents believe that they are right, and they tend to try to justify their actions as correct moral choices. They perceive decisions and issues as falling less into exclusive categories of right or wrong, and more into a vast gray area between right and wrong. They like to explore various angles and interpretations of decisions and issues. As a result, they are willing to consider the implications of decisions, and they respond to attempts to develop decision-making skills in various subjects.

Drug prevention messages must have as a foundation accurate, factual information from which youths can draw conclusions about the dangers of drug use. Youths need to continue to learn and practice peer refusal skills, but they also need to understand the reasons for saying no.

As the next generation of American leaders, high school students need to feel competent in themselves and hopeful about their prospects for the future. They need to be able to make independent decisions and to assume responsibility for choices that affect themselves and others. They need to see that, as citizens, they are responsible for making their communities better, safer places to live. They should be encouraged to develop civic responsibility by volunteering for projects such as cleaning up neighborhoods, assisting elderly or handicapped citizens, tutoring younger children, and beautifying public places.

At these ages, youths use critical thinking skills to access the credibility of persons who influence them, to assess how they may be models for others, and to determine how their behavior corresponds with their goals for the future.

Youths in grade 9-12 face much greater exposure to drugs than they had at earlier grades. Between the ages of 14 and 18, youths are exposed at school and through social activities and jobs to older people who may use alcohol, tobacco, and other drugs. Although they may have made a conscious decision never to use drugs, they are still vulnerable, and the opportunities are ever-present.

At these ages, youths do not feel comfortable talking with their parents about drugs, but they will confide in other trusted adults whom they perceive as nonjudgmental. Because adolescents get most of their information from each other, their information may be inaccurate. Teachers, coaches, job managers, and others can be sources of information and models of positive, healthy, responsible behavior.

Youths in grades 9-12 need more sophisticated information about drugs, they need to make connections between drug use and its consequences for individuals and society, and they need to see that drug use does not fit in with establishing productive life goals. Drug prevention education should underscore that students are citizens and consumers, and that as part of society, they must bear the costs of drug use.

### Concern about drug use

The Nation Adolescent School Health Survey conducted in fall of 1987 by the National Institute on Drug Abuse among 11,000 8th and 10th graders, found the following drug use:

Tobacco

- Sixty-three percent of 10th graders reported having tried cigarettes, and 26 percent reported smoking within the previous month.
- Nearly equal numbers of males and females reported ever trying cigarettes and smoking within the previous month.
- Within the previous month, 12 percent of males and 1 percent of females reported having chewed tobacco or used snuff.
- Of those students who had tried cigarettes, 41 percent of 10th graders reported first use by grade 6.

Alcohol

- By 10th grade, 89 percent reported having tried alcohol, 69 percent by grade 8.
- Within the previous month, 53 percent of 10th graders reported having had an alcoholic beverage.
- Within the previous two weeks, 38 percent of 10th graders reported having had five or more drinks on at least one occasion.
- Within the previous month, 18 percent of 10th graders reported combining alcohol and drugs on one or more occasions.

Marijuana

- Of 10th graders, 35 percent reported having tried marijuana; 56 percent reported first use by grade 8.
- Within the previous month, 15 percent of 10th graders reported having used marijuana.
- Past-month marijuana use was reported by 10 percent of females and 12 percent of males.
- Within the previous month, 4 percent of students reported having used marijuana six or more times.

Cocaine

- Of 10th graders, 9 percent reported having tried cocaine.
- Within the previous month, 3 percent of 10th graders reported use.
- Of those who had tried cocaine, about one-third (33 percent) had tried crack.
- Of those who had tried cocaine, 76 percent of 10th graders reported first use by grade 9 or 10.

Inhalants

- Of 8th and 10th graders, 21 percent had tried inhalants (glues, gases, sprays). Of those, 78 percent reported first use by grade 8.
- Within the previous month, 5 percent of 10th graders reported inhalant use.

Perception of risk

- Students (86 percent) perceived a moderate or great risk from smoking cigarettes daily.
- While 80 percent perceived a moderate or great risk from regular alcohol use.
- A majority of 81 percent of students perceived a moderate or great risk from occasional use of marijuana; 88 percent, cocaine; 77 percent, inhalants.

Peer disapproval of drug use

- Students (76 percent) reported that their close friends would disapprove if they smoked a pack of cigarettes a day.
- On drinking alcohol, 74 percent reported their close friends would disapprove if they drank regularly; however, slightly fewer than half (43 percent) reported that their close friends would disapprove if they drank alcohol occasionally.
- Other disapproval findings showed 81 percent reported their close friends would disapprove if they smoked marijuana occasionally, and 93 percent said friends would disapprove if they used cocaine occasionally.

Other findings

- A high 86 percent of students reported that it would be fairly or very easy for them to get cigarettes; 84 percent, alcohol; 57 percent, marijuana; 27 percent, cocaine.
- Another 88 percent of 10th graders reported having learned about the effects of drugs and alcohol in school.

**Youths in grades 9-12 should be able to:**

- know how to identify alcohol, tobacco, marijuana, cocaine, inhalants, hallucinogens, and stimulants in their various forms;
- understand that the long- and short-term effects of specific drugs include addiction and death;
- understand that use of alcohol and other drugs is illegal at their age;
- understand that experimenting with drugs is using drugs;
- know how drugs are pushed and how society fights the drug supply problem;
- know that laws about the use, manufacture, and sale of drugs are designed to protect people;
- be aware of the extent of the drug problem locally and know what authorities are doing to control it;
- understand addiction and know how it affects individuals and their families;
- know that tobacco in any form is unhealthy, and that wine coolers are illegal drugs;
- understand how steroid use can damage the body and mind;
- know how and why the effects of drugs vary from person to person, especially immediately after use;
- know how drugs affect different parts of the body, especially the circulatory, respiratory, nervous, and reproductive systems; and why drugs are dangerous for growing bodies and developing minds;
- know how drug use is related to certain diseases and disabilities, including AIDS; learning disorders and handicapping conditions; birth defects; and heart, lung, and liver disease;
- understand that taking a combination of drugs, whether illegal or prescription, can be fatal;
- know how alcohol, tobacco, and other drugs affect the developing fetus and the breastfeeding infant;
- know the full effects and consequences of operating equipment, driving vehicles, and performing other physical tasks while using drugs;
- know the full effects and consequences of drug use on the performance of intellectual tasks;

- know that drug use can affect opportunities for personal growth and professional success;
- be familiar with treatment and intervention resources;
- understand that they are role models for younger youths.

### Drug prevention education

Drug prevention lessons and activities in grades 9-12 should include the following:

- Encouraging open and frank discussions about concerns related to drugs and drug use;
- A focus on life skills such as problem solving, coping with stress, maintaining healthy friendships, and communicating with a wide range of adults;
- Not glamorizing drug use through the acceptance of drug-using behavior of folk heroes such as musicians, actors, and athletes;
- Emphasizing that most people, including the majority of students their own age, do not use drugs;
- Emphasizing the development of personal and civic responsibility;
- Emphasizing the development of self-confidence;
- Emphasizing the development of healthful leisure activities as a way to cope with stress, such as sports, music, art, clubs, and volunteering;
- Emphasizing the establishment of worthwhile life goals, such as continuing education and developing work skills that will permit a legal source of income.

The years between 14 and 18 represent a vast range of development, and parents of youths in this age group exhibit a great range of interest, concern, and involvement in their children's lives. Most of these parents perceive their children as nearly grown up. They expect adult capabilities and behavior, and they allow their children much latitude.

Youths at these ages expect to be able to do everything—schoolwork, extracurricular activities, jobs, dating. The pressure to do everything well often causes "burnout" for high school students and can lead to stress-related mental and physical illnesses.

High school-age youths are so independent that parents may feel they are no longer an important influence in their children's lives. As a result, some parents may cease to be involved in their children's schooling or to be aware of who their children's friends are or what happens in their social lives. To encourage parents to take an active part in their adolescent children's lives, schools can provide some information to help parents understand and respond to their children's needs.

Youths at these ages are familiar with tobacco, alcohol, and other drugs. Many of them have had drug prevention education and know the legal ramifications of using drugs. But for some youths, drugs become a way to relax, escape problems, or earn easy money. Parents need to be vigilant so that youths do not succumb to the immediate gratifications of using and selling drugs.

Adolescents have a realistic view of their parents. Although some parents may retain some heroic qualities for their children, most adolescents become more aware of their parents' flaws. Although youths may claim that their parents are out of touch with the modern world, young people still need parents to exert authority and serve as role models of responsible, caring adults.

### Parent participation

In working with parents of youths in grades 9-12, remind them that they still have an important role to play in their children's lives and that their children still need to know they are concerned about them. Schools may want to provide parents copies of the Guidelines for Communication, the information pages on specific drugs, and the resource list. Schools also might wish to arrange workshops for parents of adolescent children, or to send home the following guidelines for parents of students in grades 9-12:

- Communicate often with your child, and ask periodically how your child is doing, thinking, and feeling.
- Share your life, including your feelings, with your child.
- Know where your child is and with whom at all times.
- Be aware of the signs of drug use, and watch for them in your child.
- Know the scientific and street names for drugs.
- Allow your home to be a supervised haven for youths, including your own, who have positive, healthy attitudes.

- Help your child set realistic short-term and long-term goals.
- Respond promptly to any reports of problems or requests for cooperation from the school concerning your child.
- Take pride in your child's achievements and let your child know that he or she is worthwhile.

The high school years represent a vast range of development when youths' needs and behavior evolve toward those of adulthood. During adolescence, youths need opportunities to try out their increasing independence and to develop a philosophy and an approach to life. This independence is necessary for making thoughtful decisions, establishing clear short- and long-range goals, and assessing the effects of experiences and people on their lives.

The community often is aware of high school youths through sports teams, test scores published in local newspapers, or dramatic or tragic events, such as automobile accidents involving alcohol. Early in high school, youths tend to hang out in public places, and some community members might perceive them as idle, out of control, self-centered, and unwilling to work hard or to persevere. In the latter years of high school, when many youths have a job and a driver's license, they are just as visible, but often are perceived by adults as being more mature, responsible, and independent and needing less guidance and support.

Although high school youths might appear to need less guidance and support, community support and involvement still are critical for them. They need to feel that the community believes in them and their future. Attitudes that reinforce the idea that drug use is inevitable among high school students are that youths are irresponsible, out of control and nothing adults can do will help. These attitudes are especially damaging to youths' developing self-concepts and ability to establish life goals.

School administrators and teachers have influence well beyond the classroom. Educators know youths and their needs and can speak powerfully on their behalf. Educators' knowledge and influence can be very persuasive in soliciting community support for drug prevention efforts.

Involving the community requires determining specific ways in which the local police, religious leaders, health and social service agencies, the news media, business leaders, merchants, park and recreation officials, planners, and other community leaders can join together with the schools to help keep children off drugs.

School administrators and teachers can suggest that the community involve itself in drug prevention efforts in the following ways:

- Organize a task force or coalition of groups and individuals in the community committed to help prevent drug use.
- Ask local businesses, employers, civic groups, and others to provide or help fund adequate recreation facilities and supervision for those facilities.
- Ask local businesses, employers, and others to provide or help fund drug recovery programs.
- Ensure that adequate education about drugs is available, providing financial support when needed.
- Support efforts to provide AIDS education, including information on how AIDS is transmitted.
- Provide a safe environment in which youths can become more independent and mobile.

- Provide adequate physical and mental health care facilities that are easily accessible to youth.
- Support the development of youths' talents and abilities in art, music, crafts, vocational arts, sciences, and other areas of interest.
- Support financially the costs of equipment, travel, training, and adult supervision for activities that cannot be funded by the schools.
- Publicize youths' accomplishments and positive activities through newspapers, radio, and television.
- Establish a positive, upbeat attitude about youths in the community through a publicity campaign (examples: bumper stickers, slogans, newspaper ads).
- Establish clear-cut policies on the consequences of alcohol and other illegal drug use.
- Enforce laws and regulations related to drug and alcohol use, sale, and manufacture.
- Invite youths to serve on boards and task forces planning community development, and seek youth involvement when community planning specifically involves them.
- Establish an understanding within the community that adults are role models for youths and must set the highest standards (examples: school security guards, cafeteria workers, bus drivers).
- Provide training and adequate pay for people who work with youths, and evaluate those workers frequently.
- Encourage youths to graduate from high school and to continue their education; provide financial support for continuing education when necessary.
- Provide adequate employment opportunities for youths after school and during summer break.
- Provide opportunities for youths to help others in the community (examples: volunteering in hospitals, nursery schools, nursing homes, camps).
- Help youths develop a philosophy of life that includes the value of working for what you receive and the concept that to obtain anything at another's expense is wrong.
- Help youths who are not interested in post secondary education to gain marketable skills so they can find employment after high school graduation.

# DEFINITIONS OF PREVENTION INSTRUCTION CONTENT/SKILL AREAS ALCOHOL AND OTHER DRUG USE

The nine content and skill areas essential to a K-12 Alcohol and Other Drug Use prevention infused curriculum are not mutually exclusive. They exist on a continuum from self to society at large, and lessons identified for one subject area may teach content and/or skills which weave through other subject areas as well.

1. Self-Esteem, Self-Worth, Awareness, Feelings

   - Knowing and valuing one's self.

2. Responsibilities and Consequences

   - Being knowledgeable about laws and policies related to AOD use.
   - Taking responsibility for one's own actions and behaviors.
   - Accepting the consequences of one's own actions and behaviors.

3. Personal Health and Safety

   - Practicing behaviors which keep oneself safe and healthy.
   - Developing and maintaining drug-free behaviors and patterns.

4. Drug Information and Understanding

   - Understanding the nature and physiological effects of different types of drugs.
   - Understanding of the personal and psychosocial effects of drug abuse.
   - Understanding of the nature, scope, and complexity of the AOD abuse problem in schools, families, and communities.

5. Denial and Enabling

   - Understanding about how denial and enabling perpetuate alcohol and other drug abuse.
   - Learning and practicing behaviors that do not deny and/or enable.

6. Social Skills

   - Understanding the impact of group norms, culture, and peer pressure on behaviors.
   - Learning and practicing interpersonal competency skills (e.g., assertiveness, resistance/refusal skills, peer selection, stress reduction).

7. Decision Making/Problem Solving

   - Identifying alternatives, evaluating alternatives, making choices, evaluating choices, and learning how to find out what one doesn't know.
   - Knowing how to access community resources that can help students and families affected by AOD abuse.

8. Communication Skills

   - Demonstrating an ability to listen well, ask relevant questions, convey one's feelings in writing, and work through conflict.

9. Media-Advertising Influences

- Understanding strategies and techniques used to sell alcohol and other drugs.
- Evaluating the effects of media-advertising on consumer choices.

10. Workplace Readiness

- Understanding consequences of chemical use in the workplace.
- Roles/responsibilities of employer/employee as it relates to alcohol and drug-free workers.

## GRADES 9-12

| SUBJECT | LSN NO. | CONTENT | AOD NO. | CCGs | SUBJECT INFUSION |
|---|---|---|---|---|---|
| Art* | 1 | Creative Drawing | 1, 8 | *1.1, 1.2, 1.3, 1.4, 2.2, 3.1 | Language Arts |
| | 2 | Multi-Medium | 1, 2, 8 | 1.1, 1.2, 1.3, 1.4, 2.2, 3.1 | |
| | 3 | Critique | 2, 4 | 3.0, 3.1 | Language Arts |
| | 4 | Advertising—Graphic Design | 1, 9 | 4.0 | Social Studies |
| | 5 | Advertising | 9 | 1.0, 1.1, 1.2, 1.3, 1.4, 1.5 | |
| Foreign Language** | 1 | Sentence Structure | 1-6,8 | ** | Language Arts |
| | 2 | (Culture) | 3, 4, 6-8 | | Social Studies |
| | 3 | Cross Cultural Studies | 1, 2, 6, 8 | | Social Studies |
| | 4 | Cultural Values | 1, 2, 4-7 | | Social Studies |
| | 5 | Cross Cultural | 4,6-8 | | Social Studies |
| | 6 | Social Issues, Speaking/ Writing | 1, 2, 6, 8 | | Language Arts/ Social Studies |
| | 7 | Latin American Influences | 6, 9 | | Social Studies |
| | 8 | Cultural Issues | 1, 3, 5, 6 | | Social Studies |
| Health | 1 | Drug Information | 4 | 1.1E, 2.1A | Science, Social Studies |
| | 2 | Communication | 4 | 1.1F, 2.1F, | Language Arts |
| | 3 | Problem Solving | 7 | 1.1F, 2.1E | |
| | 4 | Role Play | 1 | 3.0, 2.1A | |
| | 5 | Self-Concept | 1 | 1.1, 2.1A | |
| | 6 | Persuasion Skills | 6 | 3.1, 1.1I | Language Arts |
| | 7 | Resources | 3 | 3.1, 1.1A, 1.1B | Social Studies, Language Arts |
| | 8 | Family Systems | 4 | 3.1, 2.1A | |
| | 9 | Advertising | 9 | 1.1D, 1.1F, 1.1H | |
| | 10 | Peer Helping | 5 | 2.1, 2.2, 3.1, 1.1H, 2.1C | |
| | 11 | Healthy Alternatives | 3 | 1.1A, 1.1B | |
| | 12 | Responsibility | 2, 6, 8 | 1.1A, 1.1H, 1.1B, 2.1F | |
| | 13 | Self-Esteem | 1 | 3.1, 2.1A, 1.1E | |
| | 14 | Communication | 6, 8 | 1.1H, 2.1D | |
| | 15 | Decision Making | 4, 7 | 2.0 | |
| Language Arts | 1 | Poetry Analysis | 2-4,6 | 1.3, 1.5, 2.3, 2.5 | Social Studies, Health |
| | 2 | Character Analysis | 2, 6, 7 | 1.10, 1.12, 1.11 | |
| | 3 | Literature (Beowulf) | 1, 2, 6 | 1.13B, 2.4, 2.3 | |

| SUBJECT | LSN NO. | CONTENT | AOD NO. | CCGs | SUBJECT INFUSION |
|---|---|---|---|---|---|
| | 4 | Literature (To Kill A Mockingbird) | 1, 2, 4-6 | | |
| | 5 | Research Paper | # | 2.7, 1.16, 2.8 | Social Studies, Science, Health |
| | 6 | Language Skills | 1, 2, 4, 5 | 1.1, 1.2, 1.5, 1.15, 2.3, 2.4, 2.8 | |
| | 7 | Vocabulary | 4 | 1.2 | |
| | 8 | Interpretation | 3, 4, 6 | 1.5, 1.11, 1.12, 2.1, | |
| | 9 | Responsibility (Hamlet) | 2, 6 | 1.5 | |
| | 10 | Responsibility/Problem Solving | 2, 7 | 1.5, 1.12 | |
| | 11 | Literature (A Separate Peace) | 1, 5, 6 | 1.14 | |
| | 12 | Social Pressure | 6 | 2.8, 2.13 | Social Studies |
| | 13 | Persuasion-Media | 9 | 1.9 | Art, Social Studies |
| | 14 | Writing Process | 1-10 | 1.16, 2.7 | |
| | 15 | Debate | 1-5, 9, 10 | 2.8, 2.9, 2.6 | Social Studies, Health, Profesfessional Tech |
| | 16 | Literature (Huckleberry Finn) | 2, 7 | 1.4, 1.11, 1.12, 2.10, 2.19 | |
| Math | 1 | Polynonical Function | 4 | 7.3 | Science |
| | 2 | Graphing | 3, 9 | 6.1 | Health, Language Arts, Social Studies |
| | 3 | Algorithms | 4 | 2.2 | Social Studies |
| | 4 | Budgeting | 4, 7 | 2.2, 3.1 | Personal Finance |
| Professional Technical Education** (Voc Ed) | 1 | Job Performance | 3, 4, 10 | ** | Social Studies, Language Arts |
| | 2 | Interpersonal Communication | 5, 6 | | Language Arts |
| | 3 | Drug Testing | 3, 4, 8 | | Social Studies |
| | 4 | Workplace Attitudes | 2-4, 8 | | Social Studies |
| | 5 | Stress Management | 6 | | Health |
| | 6 | Self-Esteem/Careers | 1 | | Health |
| | 7 | Self-Esteem/Careers | 1 | | Health |
| | 8 | Advertising | 9 | | Health, Social Studies |
| | 9 | Resources | 3, 4, 7 | | Social Studies |
| | 10 | Management | 6-7 | | |
| Science | 1 | Genetics (Biology) | 1, 6, 10 | 2.5, 2.9, 2.12, 2.13, 2.15, 5.1, 5.2, 5.5, 5.6, 7.3 | |

| SUBJECT | LSN NO. | CONTENT | AOD NO. | CCGs | SUBJECT INFUSION |
|---|---|---|---|---|---|
|  | 2 | Enzyme Activity (Biology, Organic, Bio-Chemistry, Applied Chemistry) | 1, 6, 10 | 1.2, 1.13, 2.1, 2.5, 2.9, 2.11, 2.12, 2.13, 5.3, 5.5, 5.6, 7.3 |  |
|  | 3 | Physiological and Psychological Effects | 1, 5, 6, 7, 10 | 1.1, 2.5, 2.9, 2.12, 2.15, 5.5, 7.3 | Health |
|  | 4 | Chemical Safety | 2-4, 7, 9, 10 | 1.2, 1.4, 1.17, 1.25, 2.1, 2.2, 2.3, 2.12, 6.2, 6.4 | Health |
|  | 5 | Reflex Arc (Biology) | 2-3, 10 | 1.0, 1.2, 1.11, 1.20, 2.15, 4.4 | Health |
|  | 6 | Reflex Arc | 2-3, 10 | 1.0, 1.2, 1.11, 1.20, 2.15, 4.4 | Health |
| Social Studies | 1 | Government | 3, 8 | 2, 6, 10 |  |
|  | 2 | U.S. Court System | 7 | 1, 2, 6 |  |
|  | 3 | World Policies | 1, 3, 4, 10 | 2, 5 |  |
|  | 4 | Advertising/Economics | 7, 9 | 1, 5, 6, 10 |  |
|  | 5 | Families | 4-6,8 | 5, 6, 8 | Health |
|  | 6 | Historical Perspective | 4 | 1, 4, 5 | Health |
|  | 7 | Opium Wars | 4, 7 | 1, 2, 4, 5 |  |

* Common Curriculum Goals are written for K-6, but it is encouraged to carry the goals K-12 within the curriculum.

** Common Curriculum goals do not exist for this subject.

# Depends on topic selected.

LESSON #1

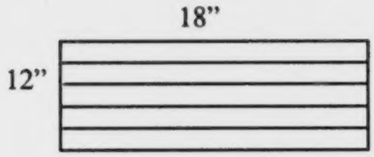
# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | | |
|---|---|---|---|
| GRADE LEVEL: | 9-12 | SUBJECT AREA: Art | |
| LESSON OBJECTIVES: | Visual Journal | | |
| Content Area: | PRODUCTION: Create A Visual Journal of Drawings; AESTHETICS: Address Personal Values in a Visual Format | | CCG: 1.1, 1.2, 1.3, 1.4, 2.2, 3.1 |
| AOD Prevention: | Self-Esteem and Self-Awareness, Communication Skills | | AOD: 1, 8 |

LESSON DIRECTIONS: Students are asked to focus on their own personal/internal feelings and to communicate these feelings in the visual form of a journal.

1. Discuss with students how writers use written journals to work through personal thoughts, feelings and conflicts.

2. Introduce the visual journal: A sheet of drawing paper 9" x 12" or 12" x 18" divided into five sections or strips. Each strip represents one day of the week. A student will draw on one strip each day for seven days, reflecting on thoughts, feelings and/or conflicts throughout that day. By the time the week is over the composition will be complete.



3. Review: Discuss with students the following Monday the experience of visual journal keeping. Students should share their completed journals with the class only if they choose to do so. Respecting the privacy of their personal feelings will enhance the safety of the journal concept.

NOTE: This activity is to be drawn on throughout the day and on into the evening, not just during class time. In that way students will be able to respond to a greater variety of feelings.

| | |
|---|---|
| Time: | A 30-minute drawing presentation outside of the class |
| Follow-up: | A 30-minute review |

LESSON #1
Art

MODIFY FOR SPECIAL NEEDS STUDENTS: The teacher may wish to begin with one day of visual notation. Special needs students may need to be paired with peer tutor who will assist special needs students to record their personal thoughts, feelings and conflicts before starting the visual journal.

MATERIALS NEEDED: White drawing paper

TEACHER PREP:

TEACHER BACKGROUND: AOD information

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Art

LESSON OBJECTIVES: Visual message to a significant person

Content Area: Develop a work (painting, drawing, sculpture, mixed media) presenting a message to someone whom you are in conflict with or someone whom you would like to say something to. CCG: 1.1, 1.4, 1.2, 2.2, 1.3, 3.1

AOD Prevention: Awareness, subjective, acceptance of consequences working through conflict. AOD: 1, 2, 8

LESSON DIRECTIONS:

1. Students will think about using visual images rather than the written or spoken word to express their message.
2. Students will choose the medium they feel would best help them express their message.
3. Students should produce "idea sketches" to help them put ideas into a visual format.
4. Size should be optional.

Time: 3 hours

Follow-up: Student should make a decision on presentation of message. Depending on medium, this could be a book, scroll, triptych, etc. Student should decide whether to actually present message to individual.

MODIFY FOR SPECIAL NEEDS STUDENTS: Buddy System: Pair student with peer that will question/draw out what the conflict may have been and record the feelings they may have currently. From written list then student may organize their project.

MATERIALS NEEDED: Optional

TEACHER PREP:

TEACHER BACKGROUND: AOD information

LESSON #3

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Art

LESSON OBJECTIVES: To identify the mood/feeling of a painting through group discussion and critique.

Content Area: ART CRITICISM: Group Presentations of Critique CCG: 3.0, 3.1

AOD Prevention: Drug information and understanding personal and psychosocial effects. AOD: 2, 4

LESSON DIRECTIONS: Brainstorm then:

1. Discuss as a class the personal and psychosocial effects of drug abuse.
2. Group students and provide each group with a different reproduction of an artwork exemplifying a mood/feeling (isolation).
3. Have students use Feldman's Criticism Model (Lesson 4a) (four steps of art criticism) to discuss their specific reproduction.
4. Present, as a group, your resulting impressions.

Time: 1 1/2 hours

Follow-up: Production (see Lesson 3a)

MODIFY FOR SPECIAL NEEDS STUDENTS: Special needs students may need vocabulary development and review around mood identification and feeling tone identification.

Peer tutor may need to direct special needs students in the four-step criticism piece.

Rehearsal of class presentation using reduced expectation may be appropriate if special needs student is the "group presenter."

MATERIALS NEEDED: Reproductions

TEACHER PREP: Gather reproductions; group students; review art criticism

TEACHER BACKGROUND: AOD information, art criticism, cooperative learning

SOURCE: (For isolation.) Possible artworks: Hopper Wyeth—"Christina's World"; Ben Shawn—Edward Munch—"The Scream."

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Art

LESSON OBJECTIVES: To develop an artwork that demonstrates the feeling of isolation (or another mood/feeling).

Content Area: Production (painting, drawing, mixed media, sculpture) CCG: 1.0

AOD Prevention: Personal and psychosocial affects AOD: 4, 7

LESSON DIRECTIONS:

1. Students choose mood/feeling.
2. Students develop idea sketches.
3. Students select an idea.
4. Students work in media suggested by instructor.

Time: Optional (determined by medium used)

Follow-up: Feldman's Criticism Model

MODIFY FOR SPECIAL NEEDS STUDENTS: Special needs students may need to be limited to drawing, printing media.

MATERIALS NEEDED: As per medium selected

TEACHER PREP: Monitor needs of special students (medium to be used).

TEACHER BACKGROUND: AOD information; art criticism

LESSON #4

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Art (Advertising/Graphic Design)

LESSON OBJECTIVES: Understand the manipulative powers behind visual components of advertising.

Content Area: Art criticism — CCG: 4.0

AOD Prevention: Understand strategies and techniques used to "sell" drug and alcohol products. — AOD: 1, 9

LESSON DIRECTIONS:

1. Group students.
2. Present each group with an ad.
3. Ask each group to scan (refer to resource sheet on scanning Feldman's four steps of art criticism).
4. Each group report findings to class.

Time: Two 45-minute sessions

Follow-up:

1. Present class with a series of advertisements (most effective if presented on overhead).
2. Show each ad for 30-60 seconds.
3. Have a student respond using art criticism techniques.

MODIFY FOR SPECIAL NEEDS STUDENTS: Pre-teach/review vocabulary involved in manipulation techniques.

Review of four-step criticism—peer tutor could assist special needs student in critique.

MATERIALS NEEDED: Ads cut from magazines/newspapers

TEACHER PREP:

TEACHER BACKGROUND: Art criticism, cooperative learning, AOD information

LESSON #4a
Art

SAMPLE CRITIQUE:

VISUAL: A magazine/newspaper alcohol advertisement

METHOD: Feldman's Criticism Model

1. Describe—state what you see.
2. Analyze—relationships of elements and/or principles.
3. Interpret—what was the artist trying to present.
4. Judge—what is your final opinion.

DESCRIBE: For example: I see a color advertisement. It is advertising ____________ brandy. A young, adult couple (male and female) are laying relaxed on the living room carpet. They appear to be watching a video movie. A large bottle of the brandy is superimposed on one side of the picture. Headline sentences are in the margin space at the bottom of the picture that note that Saturday night at the movies is a time for something different.

ANALYZE: The couple appear to be comfortable and relaxed in a cozy setting. Each has a clear glass in hand filled with sparkling ice cubes and a golden, shimmering drink. In the background, the fireplace glows with a warm fire. The large screen TV is on the floor in front of the couple with only a portion of the screen visible. Video cassette casings are placed on the floor by the TV along with a bowl of popcorn. The room has dim lighting with a blue and rust (orange) complementary color scheme. The man and woman are wearing blue jeans and casual sport shoes. She is wearing a long-sleeve silk blouse. He is wearing a cable knit sweater.

INTERPRET: This advertisement connects the drinking of brandy with an image of coziness, relaxation, comfort, and warmth. This casual, simple setting says spending Saturday night watching the movies at home is relaxing with a brandy, my mate and a romantic, glowing fire in the fireplace.

JUDGMENT: ___________brand of brandy wants me to feel comfortable, cozy and simply contented. They lead me to believe I can have a mellow evening and good feeling experience with my mate by drinking ____________brandy. The warm, golden bottle of brandy is inviting.

Cut out an ad promoting a particular brand of alcohol and place on this sheet. Make an overhead transparency for critique of class.

LESSON #5

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

**GRADE LEVEL:** 9-12 **SUBJECT AREA:** Art

**LESSON OBJECTIVES:** Advertising as Visual Design

Content Area: PRODUCTION: Create an Advertisement to "Sell" a Food You Do Not Like — CCG: 1.0, 1.1 1.2, 1.3, 1.4, 1.5

AOD Prevention: #9 Media—Advertising Influences — AOD: 9

**LESSON DIRECTIONS:**

Production of this project should follow the lesson on art criticism and advertising.

Students will use knowledge of design elements and principles to create an advertisement. The advertisement must focus on selling a food the students dislike.

1. Brainstorm—idea sketches. On a sheet of drawing paper a student will sketch ideas for an advertisement.
2. Discuss design criteria:
   a. Size of advertisement
   b. Placement on a single or double page of a magazine
   c. Use of color
   d. Target market
   e. Text
3. Students make actual advertisement.
4. Presentation and review with the class the completed work.

Time: 5-6 hours

Follow-up: Class critique

**MODIFY FOR SPECIAL NEEDS STUDENTS:**

Present examples of well-designed ad using all design criteria—special needs students should be coached to identify design elements of the ad.

Review and guided design may be necessary to keep student focused on project objectives.

**MATERIALS NEEDED:** White drawing paper, poster board, ink, colored pencil, gouche, water color, felt pen

LESSON #5
Art

TEACHER PREP:
1. Write out project criteria
2. Gather supplies
3. Examples of advertising ploys

TEACHER BACKGROUND: Art criticism
AOD information

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Foreign Language: Chinese (2nd-3rd level—could be adopted by other foreign languages)

LESSON OBJECTIVES:

Content Area:

1. Practice on the sentence pattern "because . . . therefore."
2. Review of some sentence patterns learned before.
3. New vocabulary: drug and alcohol

AOD Prevention:

1. Negative consequences of drug and alcohol uses.
2. Peer pressure leading to substance use/abuse.

AOD: 1, 2, 3, 4, 5, 6, 8

LESSON DIRECTIONS:

Day 1

1. Students will review learned sentence patterns specified below (teacher background or prerequisition requirements).

2. Students will learn new vocabulary on drugs and alcohol in Chinese.

3. Students will learn the sentence pattern ". . . because . . . therefore" or ". . . because."

4. Students will learn by heart the dialogue created by teacher (as shown in English version).

Day 2

5. Students will sit in a circle and conduct chain questioning and answering using the given dialogue. This game is called, "Why? Why? Why?"

6. Maintaining the same seating format, students will creatively ask and answer questions using the target sentence pattern and contents in the area of drug and alcohol use.

7. Students will engage in two-person dialogues.

Time: 50 minutes per day

Follow-up: A quiz on the target sentence pattern and vocabulary.

LESSON #1
Foreign Language

MODIFY FOR SPECIAL NEEDS STUDENTS: Higher: The role to creatively modify dialogue.
Lower: To read dialogue is the minimal requirement.

MATERIALS NEEDED: Teacher-made material on new vocabulary and a dialogue practicing the new pattern.

TEACHER PREP: *Dialogue creation and preparing copies, vocabulary cards and sentence strip (see next page, Lesson 1a)

TEACHER BACKGROUND: Sentence patterns required as prerequisites:

1. Subject and verb
2. Subject and verb and object
3. Subject and verb and verbs—object construction
4. Subject and verb and adverbial construction
5. Subject and structive verb (i.e., adjective)

SOURCE: The adopted text, teacher-made text

*Dialogue prepared by teacher in English version:

1. Why didn't he come?
2. He didn't come because he was drunk.
3. Why was he drunk?
4. He was drunk because he drank too much wine.
5. Why did he drink too much wine?
6. He drank too much wine because he likes wine.
7. Why does he like to drink wine?
8. He likes drinking wine because he drinks often.
9. Why does he drink often?
10. He drinks often because he wants to get his friends' acceptance into their group.
11. Why does he want to get acceptance into the group?
12. He wants acceptance into the group because he likes the sense of belonging.
13. Why does he like the sense of belonging?
14. He likes the sense of belonging because he is afraid of being all alone.
15. Why is he afraid of being all alone?
16. He is afraid of being all alone because it's hard to put up with.
17. Why is it hard to put up with?
18. It's hard to put up with because it's painful.

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Foreign Language: Chinese

LESSON OBJECTIVES:

Content Area:

1. Cultural study: positive view of alcohol use in traditional China.
2. Business relationship with the Chinese who have traditional style.

AOD Prevention: Dealing with cultural conflicts. Acquiring knowledge on the negative consequences of alcoholism.

AOD: 3, 4, 6, 7, 8

LESSON DIRECTIONS:

Day 1

1. Videotape viewing, "Little Joy." Students will watch the 'wedding' part of the show. Class discussion.

2. Life story of a TANG poet Li Po and his style of poetic creation. Class discussion on positive view of alcohol use in traditional and modern China.

Day 2

3. Class discussion on maintaining successful business relationship with Chinese business people, particularly those who have traditional cultural style with respect to social and positive view of alcohol use.

4. Play writing in small groups. The plays will depict cultural conflict resolution.

5. Role play in the classroom and critique and appreciation.

Day 3

6. With the help of the teacher and information provided, students will do further research, and data analysis on the negative physiological consequences of drug and alcohol use.

7. Oral reports on research findings.

Time: 50 minutes per day

Follow-up: Students will list positive and negative points about alcoholism, and related cultural issues.

MODIFY FOR SPECIAL NEEDS STUDENTS:
Higher: Leadership and monitoring play writing.
Lower: More assistance in library research.

MATERIALS NEEDED:
Videotape: "Little Joy"
Print outs on life styles and works of the poet Li Po.

TEACHER PREP:
1. Print outs: Li Po and information on alcoholism
2. Arrangement for library research

TEACHER BACKGROUND:
1. Knowledge on the social alcoholism aspect of the Chinese culture.
2. Information on impact of alcoholism on health.

SOURCE:

LESSON #3

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Foreign Language: Chinese and Japanese Cross-Cultural Study

LESSON OBJECTIVES:

Content Area: Cross-cultural study of how the United States, China and Japan help young children with group identification and preservation.

AOD Prevention: Group dynamics; ways to preserve the solidarity of a group.

AOD: 1, 2, 6, 8

LESSON DIRECTIONS:

Day 1

1. Divide students into three groups: United States, China and Japan.
2. Students will read the given article as a group and extract information relevant to the assigned country.

Day 2

3. Group discussion: students will select a recorder and reporter and prepare for an oral presentation.

Day 3

4. Students of each group will present according to the guidelines on the board.
5. General discussion: students will compare and contrast the three countries with respect to training young children in group identification and group preservation.
6. Class discussion (relating to the article) dealing with drugs and alcohol in the three key countries.

Time: 50 minutes per day

Follow-up: A quiz on the article and class discussion.

MODIFY FOR SPECIAL NEEDS STUDENTS:

Higher: Leadership role and recording responsibilities.
Lower: Key points in article are highlighted.

## LESSON #3
### Foreign Language

MATERIALS NEEDED: Journal article, “How the Three Key Countries Shape Their Children”

TEACHER PREP: Xeroxed copies of the article; guide questions on chalkboard.

TEACHER BACKGROUND: Knowledge on the national values of United States, China and Japan.

SOURCE: The journal article mentioned.

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Foreign Language: German

LESSON OBJECTIVES: Learn cultural differences in acceptance of alcohol. Discover that effects of alcohol are the same, whether accepted or not. Learn related vocabulary in target language.

Content Area: German I and II

AOD Prevention: Students become aware of cultural differences, learn the consequences, understand that acceptance may be enabling continuance of problems.

AOD: 1, 2, 4, 5, 6, 7

LESSON DIRECTIONS:

1. Show film on Germany, Switzerland, Austria (several are available at ESDs) with cultural, geographical, historical content (usually around 20 minutes).
2. Discuss film; focus on acceptance of alcohol in families, public, different laws.
3. Discuss effects of alcohol, whether culturally accepted or not.
4. Discuss "legal" versus personally acceptable behavior.
5. Compare societal expectations around drunkenness, addiction, etc.

Time: 50 minutes for initial lesson; follow-up—one week

Follow-up:

1. Assign brief research project on drinking patterns in Germanic cultures—include results.
2. Learn a few pattern sentences in German related to topic.
3. Students produce brief conversation (in German), presuming they are visiting a foreign family or country for the first time. Relate this to their first opportunity to drink alcohol legally and in an accepting environment. What will they do? Present to class.
4. Discuss results of conversation.

MODIFY FOR SPECIAL NEEDS STUDENTS: Present the researched material for lower grades. Require more extensive research and presentation by higher levels.

MATERIALS NEEDED: VCR; film; handouts with guide questions, new vocabulary

TEACHER PREP: Review film and cultural diversity to be discussed.

TEACHER BACKGROUND: Knowledge of the cultural background of country or culture presented.

LESSON #5

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Foreign Language

LESSON OBJECTIVES:
1. Discover similarities, differences in alcohol use in other cultures.
2. Learn consequences of use on both cultures.
3. Write comparison/contrast.

Content Area: German and Social Studies cross-cultural use of alcohol (acceptance, abuse, consequences)

AOD Prevention: Drug information/understanding; social skills; decision making/problem solving/ communication skills. AOD: 4, 6, 7, 8

LESSON DIRECTIONS: Research project: team teach with social studies teacher. Students choose from listed topics or generate related ones:

a. Drinking laws in selected countries or cultures.
b. Consequences (legal) of drinking and driving.
c. Similarities and differences of drinking patterns.

Students present reports. Discussion—small groups and entire class.

Time: Mini-unit, approximately one week

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS: May find some materials from social studies department if team teaching is not available.

MATERIALS NEEDED: Bibliography of available sources would be useful.

TEACHER PREP:

TEACHER BACKGROUND: Knowledge of diversity of cultures.

LESSON #6

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Foreign Language

LESSON OBJECTIVES: "Social Issues" drug and alcohol and gang related; to check skills on speaking and writing.

Content Area: (Journal writing.) This lesson is done in the target language.

AOD Prevention: Students becoming aware of each other; drug and alcohol problems discussed in a foreign language. AOD: 1, 2, 6, 8

LESSON DIRECTIONS: Ask students to keep a personal journal. They must make one entry a week dealing with either an alcohol or drug or gang related issue that is affecting a family member or one of their peers. Read the entries and select 10 without the identity of the students. Write them on the board on Tuesday and spend the entire period discussing the issues.

Time: 50 minutes per day

Follow-up: Teacher will check with individual student to see if the student has gotten help with the problem.

MODIFY FOR SPECIAL NEEDS STUDENTS: Teach vocabulary on alcohol and drugs, some verbs, etc.

MATERIALS NEEDED: Teacher needs to develop vocabulary list of terminology of alcohol and drugs and social issues including gang-related which deal primarily with drugs.

TEACHER PREP: Teacher should do some research on drug and alcohol or the core team on alcohol and drugs to evaluate students referrals (in the high school).

TEACHER BACKGROUND: The teacher should take a special interest in incorporating the issues of drug and alcohol in the foreign language curriculum in order to recognize students in his or her classroom who are using drugs and alcohol.

SOURCE: Judith A. Johnson, Western Center for Drug-Free Schools and Community-Northwest Regional Lab

LESSON #7

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Foreign Language: Spanish

LESSON OBJECTIVES:

Content Area: To present to students an awareness of how the Latin American countries are creating some very serious problems related to drug addiction in the United States among our citizens, especially affecting our youth.

AOD Prevention: Media-advertising influences, social norms. AOD: 6, 9

LESSON DIRECTIONS:

Day 1: Historical background on drug cultivation in these countries.

Day 2: The drug cartel and drug lords. How they operate by using violent crime and how the governments of some of these countries are directly involved with the drug problem and operation.

Day 3: What is it that the U.S. government is doing to combat this problem.

Day 4: Discuss coca leaf addiction among the Indians of Ecuador, Peru and Columbia.

Day 5: Have an open discussion with students in class to get their feedback about materials presented.

As task: Students do a further research paper on how to stop the drug traffic from Latin America into the United States.

Time: Mini-unit of one week

Follow-up: Have students address the economic impact of the above issues. Is the U.S. trying to stop drug trafficking or control that government's economy?

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: Newspaper articles (handouts to students); magazine articles (handouts to students); films, TV programs on the drug traffic from Latin America

## LESSON #7
Foreign Language

TEACHER PREP: Review newspaper and magazine articles; review films and TV programs.

TEACHER BACKGROUND: A good background on the geography of these countries; some knowledge of how and why the coca leaf is grown; how the drug cartel works.

SOURCE: Use either the Mexican consulate or Columbian consulate to help with some of the data that may be needed (they are listed in the Portland telephone directory).

LESSON #8

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Foreign Language: Spanish

LESSON OBJECTIVES:

Content Area: Discuss the drinking of alcohol among Mexican and Latin American youth.

AOD Prevention: Is there a legal drinking age in Mexico and Latin America among adolescents?

AOD: 1, 3, 5, 6

LESSON DIRECTIONS:

1. Find out if young people drink at an early age due to cultural customs or for social acceptance.
2. Do Mexico and Latin America have more alcoholics among their population due to their liberal laws when it comes to alcohol consumption?
3. Are there more alcoholics among their youth?
4. What, if any, programs does the government have in these countries for prevention among their youth?
5. Are there any support groups in the schools to help the youth population?
6. What does the family unit do to help the adolescent child facing the alcohol problem?

This lesson can be divided in two parts (two Fridays):

Part 1: Investigation and presentation of data.
Part 2: Panel discussion with Mexican and Latin American students.

Time:

Follow-up: Research what happened in the U.S. when the legal drinking age was lowered. Compare attitudes about drunkenness.

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: (Most school libraries have data.) Data on alcohol among youth in Mexican and Latin American families. A panel of exchange students from Mexico and Latin America to bring into the class for questions and answers by students in the class. (You can get these students from other schools and universities.)

LESSON #8
Foreign Language

TEACHER PREP:

TEACHER BACKGROUND:

EVALUATION:

Have students write a composition comparing the differences of alcohol consumption between Mexican and Latin American youths and American youth.

They must include:

1. Is it a cultural difference? Why?
2. Is it a social difference? Why?
3. Is the Mexican or Latin American adolescent an alcoholic at an earlier age due to the fact that a legal drinking age is not in force?
4. How does the Latin American family handle the addiction of alcohol among their sons or daughters?
5. Is it only the male (macho) who becomes an alcoholic to maintain his manly image?
6. What about the American adolescent?
7. Do they drink to be sociable and accepted by their peers?
8. How does their drinking problem affect their school and family unit?
9. Can they get help much easier than their Mexican and Latin American counterpart?
10. Is drinking among adolescents a universal problem? If it is, explain why.

LESSON #1

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Health

LESSON OBJECTIVES: Students will be able to identify the true dangers of different drugs.

Content Area: Drug information. CCG: 1.1E, 2.1A

AOD Prevention: First know the facts; then, how do we prevent since we know the awful facts. AOD: 4

LESSON DIRECTIONS: Simplistic way to teach facts. Boxes of different drugs. You make the boxes huge and then start adding to all the boxes. You add slang terms with kids so you can keep up on the latest jargon. Add boxes for the newest drugs like meth, crack-cocaine or old faithfuls like aspirin, caffeine, tobacco, etc. Could be computer based, on board, on a handout, etc.

Time: From 10 minutes to a whole period, depending on class attitudes and class level; about 4-6 days to complete these drugs.

Follow-up: See materials needed.

MODIFY FOR SPECIAL NEEDS STUDENTS: Uses sight, hearing and motor skills to learn boxes. Daily pop quizzes over information. Shorter time in facts before going to an activity.

MATERIALS NEEDED: Follow-up lessons that use skills of prevention, decision making, applied behavioral responsibility to finish this lesson.

TEACHER PREP: Teacher needs to continually update information in the boxes. Use current health or science textbooks or call Oregon Prevention Resource Center for the latest information (1-800-822-OPRC).

TEACHER BACKGROUND:

## SAMPLE

## DRUG IDENTIFICATION CHART

Use updated health or science textbooks or call Oregon Prevention Resource Center (1-800-822-OPRC) for current updated information.

| DRUG USED | PHYSICAL SYMPTOMS | LOOK FOR | DANGERS |
|---|---|---|---|
| Glue Sniffing | Violence, drunk appearance, dreamy or blank expression | Tubes of glue, glue smears, large paper bags or handkerchiefs | Lung/brain damage, death through suffocation or choking, anemia |
| Heroin<br>Morphine<br>Codeine | Stupor/drowsiness, needle marks on body, watery eyes, loss of appetite, blood stain on shirt sleeve, runny nose | Needle or hypodermic syringe, cotton, tourniquet string, rope, belt, burnt bottle caps or spoons, glassine envelopes | Death from overdose, mental deterioration, destruction of brain and liver, addiction |
| Cough medicine containing codeine and opium | Drunk appearance, lack of coordination, confusion, excessive itching | Empty bottles of cough medicine | Causes addiction, liver deterioration |
| Marijuana<br>pot<br>grass | Sleepiness, wandering mind, dilated eye pupils, lack of coordination; craving for sweet food, increased appetite | Strong odor of burnt leaves, small seeds in pocket lining; cigarette paper; discolored fingers | Possible addiction; stored in fat cells; damage to body organs such as brain, reproductive organs causing birth defects; gateway drug |
| LSD<br>DMT<br>STP | Severe hallucinations, feelings of detachment, incoherent speech; cold hands and feet, vomiting, laughing and crying | Cube sugar with discoloration in center; strong body odor, small tube of liquid | Suicidal tendencies; unpredictable behavior; chronic exposure causes brain damage; flashbacks |

| DRUG USED | PHYSICAL SYMPTOMS | LOOK FOR | DANGERS |
|---|---|---|---|
| Pep pills<br>Ups<br>Amphetamines<br>Crack<br>X-tops<br>Meth<br>Cupcal | Aggressive behavior, giggling, silliness, rapid speech, confused thinking; no appetite, extreme fatigue; dry mouth, shakiness | Jar of pills of varying colors; chain smoking | Death from overdose; hallucinations; nutritional deficiency; paranoia; violence |
| Goof balls<br>Downs<br>Barbituates<br>Reds<br>Ludes | Drowsiness, stupor, dullness, slurred speech; drunk appearance, vomiting | Pills of varying colors | Death from overdose; unconscious; synergistic effect when used with alcohol, narcotics and other depressants |
| Aspirin | | | |
| Designer drugs | | | |
| Cocaine | Dilated pupils; high blood pressure; increased heart rate, breathing, temperature | Smoking pipes; needles; frequent nose bleeds or chronic sinusitis | Ulcerated mucous membranes; hepatitis; AIDS; deaths from explosions of chemicals; seizures; respiratory and cardiac arrests |

LESSON #1a
Health

| DRUG USED | PHYSICAL SYMPTOMS | LOOK FOR | DANGERS |
|---|---|---|---|
| Methamphetamines | LSD-like effects;<br>peace; tranquilty<br>- OR -<br>anger; aggression;<br>confusion;<br>paranoia |  | Addiction; overdose; death |
| Tobacco<br>Alcohol |  |  |  |

LESSON #2

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | 9-12 | SUBJECT AREA: Health |
| LESSON OBJECTIVES: | | |
| Content Area: | Students will be able to express and defend their opinions. | CCG: 1.1F, 2.1E |
| AOD Prevention: | Drug information and understanding. | AOD: 4 |
| LESSON DIRECTIONS: | Have one side of the classroom be agreeable and the other side be disagreeable. If you want an in-between view point, can be in the middle of the classroom. You make a statement and the students walk to where they believe. Instruct them that they will be verbally called on to defend where they are standing. Can be used in any curriculum. Sample statements are attached.<br>Modification: Have students write their reasons for their position on a card and display it as they stand on their spot. | |
| Time: | 10-20 minutes | |
| Follow-up: | Review what skills, facts and learning students picked up today such as listening and not putting another view point down, etc. | |
| MODIFY FOR SPECIAL NEEDS STUDENTS: | Used in any curriculum. | |
| MATERIALS NEEDED: | Write up the issues you want discussed and skills you want to stress or review that day. | |
| TEACHER PREP: | | |
| TEACHER BACKGROUND: | | |

LESSON #2a
Health

## SAMPLE STATEMENTS

1. Drinking alcohol when you are cold will warm you up.
2. Pot sterilizes you.
3. It is a sign of responsibility if you can "hold your liquor."
4. Men should not cry.
5. The older you are the quicker you become addicted to a drug.
6. People who use drugs are choosing to kill themselves.
7. Mothers who use drugs while pregnant should be charged with child abuse.
8. You should be charged with murder 1 if under the influence of alcohol or other drugs and you kill someone.
9. Steroids are sex hormones and enhance body performance.
10. Vitamin E makes you sexier.
11. Vitamins are not drugs.
12. Chocolate can be addictive.

LESSON #3

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Students will practice and utilize problem solving and responsible decision-making skills to be better prepared to face life's problems. CCG: 1.1F, 2.1E

AOD Prevention: Decision making/problem solving. AOD: 7

LESSON DIRECTIONS: Either read or hand out the stories (included) to small groups and have them come up with solutions for each story. Then have them orally share their possible solutions. If no group comes up with a good model, walk them through the story using the district and state "Responsible Decision Making" and "Refusal Skills" (included) handouts already previously taught. Next give them another story and require them to walk through the skills in their group or write a paper solving the story and explaining each step (skill) used to find the solution.

Time: Depending on number of stories and possible good models you discuss, 20-80 minutes.

Follow-up: See if students applied "Win Win" model to their decision making. Assign one story where they have to apply "Win Win" model.

MODIFY FOR SPECIAL NEEDS STUDENTS: Before presenting lesson ensure that special needs students have an understanding of decision making and refusal skills. Rehearse in group. Design a game using situation cards.

MATERIALS NEEDED: Handouts: "Refusal Skills" and "Responsible Decision Making."

TEACHER PREP: Pre-taught class on Refusal Skills and Responsible Decision Making writing stories ahead of time. All stories used were actual student stories. They could use in any curriculum or area.

Introduce body language positions for effective refusal skills.

TEACHER BACKGROUND: Be aware of culturally sensitive issues related to refusal skills (i.e., direct eye contract is not acceptable in some cultures).

## STUDENT STORIES

1. You are going to the school dance tonight and at the dance your friend asks you to a party. You call your parents, they agree you can go. They will pick you up at 1 a.m. and have agreed to take a friend home. At the party you are offered some pot, you refuse but your friend accepts. Will your parents notice? Will your partying days be over? Will you be able to associate with the friend again?

2. The person sitting next to you in class is high at least three times a week. What do you do? Do you narc on them? Why or why not?

3. Your best friend starts to freak out—sees things, claws at their skin, etc. What do you do?

4. You are new (just moved) to this high school and two people ask you to walk home with them. A whole group of kids meet and everyone starts to light up a tobacco cigarette. People look at you as if to say we expect you to smoke also, or you won't be accepted. Now what?

5. You are at a party with Joe Saxon who is suppose to drive you home. He becomes falling-down drunk. How do you get home?

6. You throw a party while your parents are out of town. Being a responsible person you don't let anyone drive home drunk so they stay all night and you decide to clean the house up in the morning. At 7 a.m. you are awakened by a car door slamming. It is your parents. They have come home early. Now what do you do?

LESSON #3b
Health

## RESPONSIBLE DECISION MAKING

1. Identify the problem.

2. Identify ways to deal with the problem.

3. Apply criteria for responsible decision making to each alternative.

   - Would the results of my decision be healthful?
   - Would the results of my decision be safe?
   - Would the results of my decision be legal?
   - Would the results of my decision show respect for myself and others?
   - Would the results of my decision follow my parents' or guardian's guidelines?

4. Make a responsible decision and act upon it.

5. Evaluate your actions.

## REFUSAL SKILLS

Refusal skills are techniques that you can use to reinforce decisions that are healthful, safe, legal, show respect for yourself and others, and follow your parents' and guardians' guidelines.

- Give a reason for your refusal. "I do not want to harm my health."

- Use your behavior to reinforce what you mean. As you speak, look directly into the eyes of the other person. (This second sentence may not be acceptable behavior of several cultures—omit if necessary.)

- Show you care about others. "I do like you, but this activity is harmful, and I wish you would not do it."

- Provide alternatives. "Let's go talk with our school counselor."

- Take a definite action. "I am not going to participate in this activity," "If you change your mind call me (or we'll be . . .)."

LESSON #4

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Physical Education/Health

LESSON OBJECTIVES:

Content Area: The students will discuss unspoken stereotypical behaviors through class activities. CCG: 3.0/2.1A

AOD Prevention: Self-esteem, self-worth, awareness, feeling AOD: 1

LESSON DIRECTIONS:

1. Choose eight students to participate in a role play. Choose a variety of students (male, female, different economic background).
2. Place back or headband signs without students seeing them on the role playing participant. The eight roles are: nerd, jock, cheerleader, stoney, hood, narc, clown, pregnant girl. (Do not place sign on a person typically in that real life role.)
3. Students are to treat each other by the stereotypical implications of their role. Directives are to plan a physical activity for the class. The teacher will not interact. Let them interact—other students to observe.

Debrief by asking:

1. How were they treated?
2. Do they know what role they might be?
3. How does this relate to our school climate?
4. How can we cut down the barriers and treat each other equal?
5. End with poem (see attached).

Time: 30 minutes

Follow-up: Follow-up with a special poem—New Year's Resolution (see page 529).

MODIFY FOR SPECIAL NEEDS STUDENTS: TAG—plan a schoolwide activity that promotes diversity and acceptance. Check for understanding/interpret activity (visual aides, explain stereotype). Have students identify stereotypes as examples.

LESSON #4
Physical Education/Health

MATERIALS NEEDED: Make back signs ahead of time. Poem that deals with acceptance.

TEACHER PREP: Sensitive to issues; empathy

TEACHER BACKGROUND:

SOURCE: Resources available for student support (e.g., peer groups, Natural Helpers)

# NEW YEAR'S RESOLUTIONS

*People are unreasonable, illogical, and self-centered.* Love them anyway.

*If you do good, people may accuse you of selfish motives.* Do good anyway.

*If you are successful, you may win false friends and true enemies.* Succeed anyway.

*The good you do today may be forgotten tomorrow.* Do good anyway.

*Honesty and transparency make you vulnerable.* Be honest and transparent anyway.

*What you spend years building may be destroyed overnight.* Build anyway.

*People who really want help may attack you if you help them.* Help them anyway.

*Give the world the best you have and you may get hurt.* Give the world your best anyway.

*The world is full of conflict.* Choose peace of mind anyway.

LESSON #5

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Physical Education/ Health

LESSON OBJECTIVES:

Content Area: To create bonding between parents and their teenagers. For teachers to better understand the students and thus school environment and/or health class. CCG: 1.1/2A

AOD Prevention: Prevent drug and alcohol use by improving self-concept. AOD: 1

LESSON DIRECTIONS: On a given day have parents take the places of their son/daughter for the entire school day or during physical or health education class. Teach a normal lesson.

Time: 1 class period

Follow-up: Homework: Debrief with parents:

1. How did you feel?
2. How was class similar/different when they were in school?
3. What are your attitudes towards physical activity?
4. What are physical activities you (would like to) do with your family?

MODIFY FOR SPECIAL NEEDS STUDENTS: If parents cannot attend, have debrief questions modified and used as homework. This could also be a demo activity for open house.

MATERIALS NEEDED:

TEACHER PREP: Devise a lesson plan that adults will be capable of doing.

TEACHER BACKGROUND:

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Physical Education/ Health

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | The student will be able to use "persuasion skills" to involve friends in healthy activity. | CCG: 3.1/1.1I |
| AOD Prevention: | Proactive approach to healthy behavior. | AOD: 6 |

LESSON DIRECTIONS: Introduction, "We have taught you how to say no, we taught you to refuse." Today we are going to talk about skills to talk someone into doing something that is fun, healthy and legal!

Directions: Place persuasive skill steps on flip chart. Address each step giving an example and/or role play.

Persuasive skills for participation. A proactive approach for healthy persuasion.

1. Identify the healthy activity. (Hey Joy, let's go windsurfing on Thursday.)
2. Make the person sincerely feel wanted/needed. (This will be great, . . .)
3. Tell them how they will benefit. (We could spend the summer—good exercise, fun and sun.)
4. Work out appropriate details. (Ask your parents, I will call you tonight.)
5. Follow through with commitment and show appreciation for their company. (That was great, thanks for coming. I enjoyed the company.)

Time: 30 minutes

Follow-up: Plan a class activity (organize, has to be healthy, delegate responsibilities); group action plan.

MODIFY FOR SPECIAL NEEDS STUDENTS: Check for understanding; simplify terminology.

MATERIALS NEEDED: Flip chart; pen

TEACHER PREP: Rehearse examples (talk about the importance of planning ahead).

TEACHER BACKGROUND: Refusal skill knowledge; social skill development awareness

LESSON #7

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Physical Education/Health

LESSON OBJECTIVES:

Content Area: Students will be able to identify resources of help for unhealthy behaviors. CCG: 3.0/1.1A,B

AOD Prevention: Knowledge of "resource inventory" available for help. AOD: 3

LESSON DIRECTIONS:

1. Give everyone a 3 x 5 card and tell them to list who they go to for help.
2. Ask volunteers to share who they wrote down.
3. Why do they go to those people? (share)
4. What qualities do they possess (good listener, caring, trustworthy)?
5. Do you know there are a lot of people that have those qualities?
6. Examine list of resources available (attached).

Time: 20 minutes, then short healthy activity (e.g., game, walk, jog, etc.)

Follow-up: Call or visit three of these agencies. Report on program overview/costs and benefits.

MODIFY FOR SPECIAL NEEDS STUDENTS: Check for understanding.

MATERIALS NEEDED: 3 x 5 cards; pencils; list of resources

TEACHER PREP: Knowledge of resources.

TEACHER BACKGROUND: Intervention skills

## EXAMPLE

(Use your own resource inventory)

## RESOURCE INVENTORY

Deschutes County Community Youth Resources
March 1988

### ALCOHOL AND DRUG PROGRAMS

| | | |
|---|---|---|
| Alateen | AA | 382-2311 |
| Alcohol & Drug Intensive Treatment | Mental Health | 388-6601 |
| Alcohol & Drug School | Bob Smith | 389-1269 |
| Referral Service for Teachers & Kids | Redmond School | 923-5437 |
| Youth Assistance Early Intervention | Mental Health (LaPine) | 388-6601 |

### ABUSE PROGRAMS

| | | |
|---|---|---|
| Darts | CSD; Cascade Child Care Center | 388-6161 |
| D-Sat | Abuse Coalition Workers | 388-6601 |
| Incest Therapy | CSD & Mental Health | 388-6601 |
| Sex Abuse Coalition | JSC; CSD; Mental Health; DA; Juvenile Dept | 388-6601 |

### TEEN PREGNANCY PROGRAMS

| | | |
|---|---|---|
| Birthright | Bend | 382-5505 |
| Boys & Girls Aid Society | Bend | 382-4939 |
| | Redmond | 548-1541 |
| Plan Adoption | Bend | 389-1820 |
| Teen Parent Program | Mental Health | 388-6601 |
| WIC | Connie Sullivan | 388-6580 |

### DROPOUT SERVICES

| | | |
|---|---|---|
| Deschutes Visual Therapy | Kit Carmiencke; JSC | 389-6888 |
| Job Corp | Federal | 389-0714 |
| Summer Youth Employment | COIC | 548-8163 |
| Youth Conservation Corps | COIC; Juvenile Dept | 388-6671 |
| Alternative School | Bend/LaPine Schools | 385-5216 |
| Choices Program | Bend/LaPine Schools | 385-5216 |
| Scheduling/Tracking | Bend/LaPine Schools | 385-5216 |
| Summer/Night School | Bend/LaPine Schools | 385-5216 |

| | | |
|---|---|---|
| Work Experience Program | Bend/LaPine Schools<br>COIC; JSC (SRE Program) | 385-5216 |
| Night Classes | Redmond School | 923-5437 |
| Peer Counseling | Redmond School | 923-5437 |
| Self-Concept Development | Redmond School | 923-5437 |
| Work Study | Redmond School | 923-5437 |

## AT-RISK SERVICES

| | | |
|---|---|---|
| Anger Management | Juvenile Department | 388-6671 |
| Community Service Project | Juvenile Department | 388-6671 |
| Juvenile Court Referee | Judicial Dept; JSC | 388-5315 |
| Problem Solving | Juvenile Department | 388-6671 |
| Redmond Juvenile Services (Diversion) | Redmond Police; JSC | 548-2148 |
| Restitution | Juvenile Department | 388-6671 |
| YES (Youth Enhancement Services - First Offender Program) | Bend Police; JJAC | 388-5550 |
| Youth Guidance | CSD; Juvenile Dept; Youth for Christ | 388-6671 |

## PARENTING SERVICES

| | | |
|---|---|---|
| Big Brothers/Big Sisters | Mark Crippen | 388-1146 |
| Cobra | | 389-7021 |
| Headstart | Carol Stiles | 388-2486 |
| Homemakers/Housekeeping | CSD | 388-6161 |
| Master Parenting Volunteer Training | Extension Service | 548-6088 |
| Parent Training | CSD | 388-6161 |
| Step/Teen | Juvenile Department | 388-6671 |
| Winning (Against Violence) | Andy Schob | 388-4551 |
| YES Parenting | Bend Police; First Lutheran Church | 388-5550 |

## RESIDENTIAL SERVICES

| | | |
|---|---|---|
| Accord Diversion | CSD; Juv Parole Div | 389-1409 |
| Credence Proctor Home | CSD; JSC; Title I | 389-1409 |
| Emancipation Program | Juvenile Department | 388-6671 |
| Foster Homes | CSD | 388-6161 |
| J-Bar-J Ranch Youth Services | Title I; CSD | 389-1409 |
| Meadowlark | Title I; CSD | 382-7025 |

## COMMUNITY GROUPS INVOLVED WITH CHILDREN

| | | |
|---|---|---|
| Children's Networking | Youth Agency Directors | 388-6601 |
| Corp Co Regional Programs | Federal for Handicapped | 385-5253 |

| | | |
|---|---|---|
| Deschutes County Juvenile Services Commission | Bob Borlen, Chair | 385-3216 |
| Drug & Alcohol Coalition | Jackie Throne | 388-6601 |
| Local Alcohol & Drug Abuse Planning Committee | Norm Schultz | 382-6020 |
| PACT (Parents Actively Caring for Teenagers) | Shari Capps | 382-6751 |
| Redmond Alternative Network | Pete Farr | 548-6166 |
| Redmond Drug & Alcohol Advisory Council | Debbie Nickell | 923-5437 |
| BRI Coordinating Council | Youth Agency Reps | 385-5201 |

LESSON #8

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Physical Education/ Health

LESSON OBJECTIVES:

Content Area: The student will act out the roles within a family in crisis (a dysfunctional family system) through a game situation. CCG: 3.1/2.1A

AOD Prevention: The impact of a family in crisis (a dysfunctional family system) on an individual. AOD: 4

LESSON DIRECTIONS:

1. Discuss and review, with the use of an overhead, the roles within a dysfunctional/co-dependent family with traits, feelings and behaviors.
2. Divide the class into groups of six.

Directions: role play the six "roles" and demonstrate behaviors within a family system.

4. Give students 10 minutes to plan role playing the activity.
5. Present to class; debrief.

Time: Introduction 10 minutes; practice 10 minutes; present 10 minutes; debrief 10 minutes

Follow-up: Provide resources for dysfunctional families; school counseling, COA support groups, mental health needs.

MODIFY FOR SPECIAL NEEDS STUDENTS: Essential vocabulary. Help select appropriate groups. Special needs students may need visual aides to describe dysfunctional families (Lots of Kids Like Us, Mister Moose, movies, 2000 curriculum, TV show Roseanne). Special needs students may need to rehearse role play with partner.

MATERIALS NEEDED: Overhead/transparency of roles; open gym; movies (see above/ attached)

TEACHER PREP: This activity needs a facilitator who knows a great deal about family dynamics. It would not be recommended as a stand-alone activity. This lesson has the potential to bring about many feelings for the people involved. The teacher needs to be able to deal with these feelings. Working with school counselor or student assistance program coordinator is recommended.

TEACHER BACKGROUND: Drug and alcohol awareness of the impact of family systems.

SOURCE:

## THE DYSFUNCTIONAL/DEPENDENT FAMILY

| ROLE | OBVIOUS TRAITS | STRONG FEELINGS | FUNCTION | BEHAVIOR |
|---|---|---|---|---|
| Primary Dependent | Social charm, perfectionist | Shame, guilt, fear, anger | Focal point | Compulsive, dependent, blamer, inconsistent, manipulator |
| Primary Enabler | Overly responsible | Same as above, plus confusion | Glue | Protects, makes excuses, rationalizes, accepts blame |
| Responsible Child (Hero) | Super achiever (grades, sports, friends, etc.) | Same as above, plus inadequacy | Esteem, pride | Competitive, self-driving |
| Scapegoat (Acting out) | Troublemaker | Same as above, plus loneliness, rejection | Takes heat off the dependent | Antisocial, egocentric, defiant |
| Adjuster (Lost Child) | Loner | Same as above, plus unimportant | Relief | Invisible, passive, quiet, procrastination |
| Clown (Placater) | Immature, fragile | Same as above, plus insecurity | Provides comic relief | Active, obnoxious, short attention span |

Pathological behaviors observed in children raised in depressogenic environments:

* psychoses
* blunted affect
* phobias
* abusive behaviors
* criminality

LESSON #9

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Students will compare advertising of cigarettes and alcohol to the subliminal messages given. CCG: 1D, F, H

AOD Prevention: Media-advertising influences. AOD: 9

LESSON DIRECTIONS:

1. Show smoking and alcohol ads (laminated). Ask students to brainstorm what the company is trying to portray or show. What is the message being depicted?

   Explain messages from each picture. Examples of words:

   Cool
   Tough
   Independent
   Popularity
   Intelligent
   Sex appeal
   Fun
   Active
   Youth
   Ageless (no wrinkles)
   Successful
   Admired
   Wealthy
   Athletic
   Mysterious

   Questions to ask: What groups are they targeting?

   a. male
   b. female
   c. under 20
   d. 21-30
   e. over 30

2. Next, ask students to go through magazines, choose two or three alcohol or smoking ads, and change the "look" of the picture (i.e., coughing, face color, aging, fingernails, lungs, weight, etc.). Use color pens, etc., for this purpose.

3. Day 2: Have students design and color their own alcohol and/or smoking advertisement depicting the real outcomes and/or effects of smoking and/or drinking.

Other Ideas:

1. Have students keep track of alcohol commercials on TV for an evening. Name the product and what was it trying to sell and to what age group?

2. Make a mobile of ads and hang it up throughout the unit.

LESSON #9
Health

Time: 1-2 days

Follow-up: Discuss the ad messages that are used to get people to smoke. Remind them that we are being used as a consumer and given incorrect information. Create their own TV commercial, radio ad, or rap using subliminal message.

MODIFY FOR SPECIAL NEEDS STUDENTS: Pre-teach vocabulary. Put students in groups of two or more. A special needs student should be paired with student with a clear understanding of the concept. Special needs students may need additional practice in identifying subliminal messages; possibly using other subject matter from their own experiences (e.g., TV commercials).

MATERIALS NEEDED: Large construction paper, colored pencils, crayons, magazines, pen/pencil

TEACHER PREP: Laminated magazines with smoking and alcohol advertisements. Have discussed the physical consequences of smoking and drinking.

TEACHER BACKGROUND: Knowledge of physical outcomes of smoking and drinking.

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Physical Education/Health

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | The students will be able to identify the intervention process for unhealthy behaviors. | CCG: 2.1, 2.2-3.1/1.1H, 2.1C |
| AOD Prevention: | Learning and practicing behaviors that do not deny or enable. | AOD: 5 |

LESSON DIRECTIONS:

1. Identify issues that are unhealthy for people (e.g., drugs, overweight, sex, stealing, cheating).
2. Ask students "What do you do if your friend is doing something unhealthy?" Is it effective?
3. What would be the best thing to do?
4. Write down on "overhead" (attached) intervention process.
5. Talk about enabling on step 2. (Not taking ownership of someone else's problems which would allow the unhealthy behavior to continue.)
6. Using the identified issues in step 1, have students discuss/role play the instruction process.

Time:

Follow-up: TAG—develop a card file with resources available to help with these issues. List resources available with names and phone numbers of people who care.

MODIFY FOR SPECIAL NEEDS STUDENTS: Special assistance to explain denial/enabling. Pair up with appropriate group. Rehearse before presenting in front of group.

MATERIALS NEEDED: Flip chart; pens

TEACHER PREP: Know and practice intervention steps. Be ready with examples.

TEACHER BACKGROUND: Understanding of denial and enabling.

## STEPS IN THE INTERVENTION PROCESS

You can intervene with a troubled friend by taking the following steps:

1. MONITOR THE SIGNS. Recognize the seriousness of the problem. Record the friend's behaviors—what they were, when they took place, what happened as a result, and who was affected by them.

2. STOP YOUR OWN ENABLING BEHAVIORS. Make sure you don't cover up or "give second chances" to the unhealthy friend. Don't prevent her/him from facing the negative consequences of the behavior.

3. TALK WITH THE STUDENT. Point out the behaviors you observed and your feelings about them. Express caring and concern. Offer support and resources, but don't criticize, blame, or argue.

4. FOLLOW THROUGH WITH THE PROCESS. Check up on the friend regularly to show that you are concerned. Continue to offer support and resources. If necessary, refer the friend to professional help (counselor, core team, parents, concerned adult).

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-10 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Student will identify and share the activities that can be enjoyable, exciting and fun without using drugs or alcohol. CCG: 1.1A, 1.1B

AOD Prevention: Personal health and safety alternatives. AOD: 3

LESSON DIRECTIONS:

1. Students are given the handout, "My Free Time." They fill this out individually. Put them into groups of two to three to discuss their answers.
2. Then, assign the students the following: They are to explain to the class their all-time favorite drug-free activity. Students are to include time, age, place, friends, family, feelings, etc.

Time: 1-2 class periods—begin this activity the first day and complete the following day.

Follow-up: Ask students what they have learned. Then explain that there are many activities that can be done that are drug free and fun.

MODIFY FOR SPECIAL NEEDS STUDENTS: Special needs students may need help in reading, defining activities, and rehearsing presentation. The buddy system may work well. Have a file box of activities in a local area including above information.

MATERIALS NEEDED: Handout: "My Free Time."

TEACHER PREP:

TEACHER BACKGROUND:

LESSON #11a
Health

Name ______________________________ Date ____________________

## MY FREE TIME

Free time is time to be spent doing things we like to do. Think of your favorite things to do in your free time and list them below.

My favorite free-time activity . . .

My free-time activity that costs the least amount of money . . .

My free-time activity that is healthy for me . . .

My free-time activity that I can do with my family . . .

My free-time activity that I can do with my friends . . .

My free-time activity that I can do at home . . .

My free-time activity that I am the BEST at . . .

My free-time activity that I wish I were better at . . .

My free-time activity that I do the most . . .

My free-time activity that I wish I had more time to do . . .

My free-time activity that I learned at school . . .

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

|  |  |  |
|---|---|---|
| GRADE LEVEL: | 9-12 | SUBJECT AREA: Health |
| LESSON OBJECTIVES: |  |  |
| Content Area: | Students will be able to identify classroom management strategies and information. | CCG: 1.1A, B, H, 2.1F |
| AOD Prevention: | Responsibilities and consequences; social skills; communication skills. | AOD: 2, 6, 8 |

LESSON DIRECTIONS: Make a list (demo list included) that the teacher wants all students to know, understand and live by in their classroom. If a teacher wants students to learn easier and enjoy learning them, the teacher needs to make a concentrated effort to make a safe, fun, comfortable feeling tone for all including themselves. This is the crux of setting up any student-involved and caring classroom. Students like to know where they stand or what are the rules and so do parents. Send home the curriculum sheet and the grading sheet to be signed by the parents with an option for parents to ask questions. You have to give points to get students to take home the papers. You can do pop quizzes at the end of each period to keep the students with you and to check whether they understand your classroom rules.

Time: 2-3 class periods

Follow-up: Modeling the rules the entire semester; pop quiz

MODIFY FOR SPECIAL NEEDS STUDENTS: This can be done for any PreK-12 student. Special needs students may need to review vocabulary with another peer or parent or use the dictionary. Tests may be done orally with peer tutor. A list of essential rules written in the student's own words may be developed.

MATERIALS NEEDED: Class curriculum; class grading system; your own testing on issues (like demo pop quiz)

TEACHER PREP: Know your own philosophy well and how to explain the whys to your students so you elevate their comfort level. A teacher philosophy of caring, kindness and making comfortable can be the difference between cooperative and uncooperative students.

TEACHER BACKGROUND:

LESSON #12a
Health

## BEGINNING DAYS

### Subjects/Issues to Address Before the Class

Grades

Curriculum

Classroom Organization

Embarrassment

Dirty Words

Teacher's Style

Absenteeism

Make-up Work

Cheating

Talking

Seating

Pet Peeves

> Hurtful remarks, shoes, swearing, money, no locks, laughing at vs. laughing with

Philosophy of Health

Why Health and Definition

Rules and Manners

What do you want?

Mad Today, Not Tomorrow

Relationship Questions

Coming to Class Prepared

Lunch

Extra Papers

Roll

Spelling

Name and Period on Paper

Old Wives Tales

What I Teach Today May be Different Tomorrow

Try to Enjoy and Learning is Fun

Like Humor

Introduce Aides

First Aid

Behavior—Subs/Guests

Learning can be interesting, you have to give it a chance

Okay to disagree, but you have to do it correctly

Weekly Announcements

Confidentiality

Whole Truth Stories

You Don't Have to be in Class

Right to Your Own Opinion

Due Dates

Liaison Officer

Their Responsibility

Homework Rare

Have to Pass

Options for Other Health Teachers

Heading for Papers

Write out True & False

Calling Me at Home

# POP QUIZZES POSSIBILITIES

1. Each student could share their answers in a small group one day or with the students to the side or in front or back of them.

2. Call on each student to share orally one of their answers.

Question possibilities for first day:

- What three things did you learn today about this room?
- What three things did you learn today about how this class will operate?
- What two things did we discuss today that you liked?
- What two things did we discuss today that you disliked?

OR

Another day's pop quiz could be given on paper (all True & False), like following example.

LESSON #12c
Health

## POP QUIZ #1
(20 points)

T F 1. In this classroom everyone has a right to their own opinion unless it is expressed in a way to be hurtful to others.

T F 2. Your teacher likes to teach with stories.

T F 3. A seating chart is required in this classroom.

T F 4. What I teach today may be different tomorrow.

T F 5. So that no mistakes are made, we will write out the word true or false.

T F 6. Your name and period go in the top left hand corner of the paper.

T F 7. If a first aid situation occurs, your teacher will immediately leave the classroom and so will you.

___ *8. How many absences before you automatically flunk a class.

___ *9. Where are due dates posted in the room?

T F 10. Health information is confidential and I cannot call your parents unless a life or death decision/situation.

T F 11. Old wives tales are never true.

T F 12. You have the right to not be in this classroom at anytime if it goes against your moral or comfort level.

T F 13. Take home anything we talk about in class but please take home the whole truth.

T F 14. You are to be on your best behavior when there is a sub.

T F 15. You are not to call me at home.

T F 16. If you miss a day, you must take the responsibility of finding out what you missed.

T F 17. You have to pass health to graduate from high school.

T F 18. Spelling errors will count against you on tests.

T F 19. We are on regular schedule all week.

T F 20. Homework and reading are common in this classroom.

LESSON #13

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | 9-12 | SUBJECT AREA: Physical Education/ Health |
| LESSON OBJECTIVES: | Students will wear their favorite t-shirt and share what it means to them. | |
| Content Area: | Introduction to class | CCG: 3.1/1.1E<br>2.1A |
| AOD Prevention: | Self-esteem/bonding | AOD: 1 |
| LESSON DIRECTIONS: | 1. Promote (flyer, etc.) t-shirt day (choose a day).<br>2. Talk about the importance of appropriate attire for physical activity and the messages attire gives about who you are.<br>3. Select the appropriate day.<br>4. Let students share their shirts. | |
| Time: | 15 minutes; go into activity | |
| Follow-up: | Why schools may have rules/instructions on what t-shirts students can wear (i.e., beer slogans, skull and cross bones, rock groups). What kind of messages do they send? | |
| MODIFY FOR SPECIAL NEEDS STUDENTS: | None | |
| MATERIALS NEEDED: | Directions | |
| TEACHER PREP: | Teacher wears favorite shirt also. Check with school policy on any restrictions in the school as to what types of t-shirts students cannot wear (i.e., Spuds McKenzie, skull and cross bones, etc.). | |
| TEACHER BACKGROUND: | None | |

LESSON #14

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area:

1. The students will understand and demonstrate the ability to arrive at win-win solutions. CCG: 1.1H, 2.1D
2. The students will understand and demonstrate why win-win works best in relationships. Demonstrate by homework, group work and cooperative learning. AOD: 6, 8

AOD Prevention: Social skills/communication skills.

LESSON DIRECTIONS: Teach each student the following concept and model.

| You | Them |
|---|---|
| Lose | Lose |
| Lose | Win |
| Win | Lose |
| * Win | Win |

Win-Win is where we want to end up. Start the students with a similar illustration: you come home and your 5-year-old brother has trashed your room. Talk them all the way to win-win for you and your small brother—not an easy task. This can be done with almost any topic like drinking and driving, caught in school with pot, breaking curfew, losing parent's trust.

Time:

Follow-up: Teach it first in self-esteem unit and then use it throughout other units—drugs, sex education, nutrition, or other curriculum areas like social studies.

MODIFY FOR SPECIAL NEEDS STUDENTS: This is very difficult for 9th graders. Help them through the steps several times. They seem to believe that lying or denial is okay to get to win-win so they have to follow rules in material needed.

MATERIALS NEEDED: Blackboard to walk through win-win; appropriate stories; rules for good, healthy, law abiding, morally-correct choices, not hurting others

TEACHER PREP:

TEACHER BACKGROUND:

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-10 SUBJECT AREA: Health

LESSON OBJECTIVES:

Content Area: Students will understand the price it costs for being arrested for drunk driving and the alternate ways to use their money and everyday activities or items. CCG: 2.0

AOD Prevention: Drug information and understanding/decision making, problem solving. AOD: 4, 7

LESSON DIRECTIONS:

1. First, have students write down all the items that they like to spend their money for.
2. Second, ask them how much money do they spend for these items.
3. Discuss the consequences of being arrested for drunk driving (i.e., attorney's fees, increased auto insurance, lose license, etc.).
4. Hand out "Is it Worth the Price?"
5. Discuss their consequences from drinking alcohol and driving.

Time: 10-15 minutes

Follow-up: Remind students that they can be the solution to the problem of teenage deaths and injury on the highway.

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: Paper, pen or pencil

TEACHER PREP: Research fees for drunk driving arrests (consequences of drunk driving). You could have your students research this information also.

TEACHER BACKGROUND:

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Poetry Analysis—Identify main idea and support details; comprehend implied meanings. CCG: 1.3, 1.5, 2.3, 2.5

AOD Prevention: Responsibility and consequences; personal health and safety; drug information and understanding; social/refusal and coping skills. AOD: 2, 3, 4, 6

LESSON DIRECTIONS:

1. As a set to focus students into the lesson, have them think or write about a person/relative/friend they know who has or has had a drug/alcohol or related problem. Use this as a springboard into the reading of the poem and discussion of main ideas and meanings.
2. A possible discussion method would be to divide the class into small groups and assign each a concept brought out in the poem to discuss and present to the class. Concepts: How a family is affected by drug addiction; drug dependency can cause isolation; the pain to loved ones caused by addiction. As a final activity, students could write an essay discussing one of the content issues or one of the AOD issues.

Time: 1-2 days

Follow-up: Analyze student poetry which addresses these prevention themes.

MODIFY FOR SPECIAL NEEDS STUDENTS: This lesson can be modified for any grade or ability level based on academic and social make-up of the class.

MATERIALS NEEDED: Poem, "The Idea of Ancestry," by Etheridge Knight

TEACHER PREP: Students should have already studied and practiced literary evaluation skills.

TEACHER BACKGROUND: Be familiar with Etheridge Knight's style, time and focus.

LESSON #1a
Language Arts

# THE IDEA OF ANCESTRY

by Etheridge Knight

## 1

Taped to the wall of my cell are 47 pictures: 47 black faces: my father, mother, grandmothers (1 dead), grandfathers (both dead), brothers, sisters, uncles, aunts, cousins (1st and 2nd), nieces, and nephews. They stare across the space at me sprawled on my bunk. I know their dark eyes, they know mine. I know their style, they know mine. I am all of them, they are all of me; they are farmers, I am a thief, I am me, they are thee.

I have at one time or another been in love with my mother, 1 grandmother, 2 sisters, 2 aunts (one went to the asylum), and 5 cousins. I am now in love with a 7-year-old niece (she sends me letters written in large block print and her picture is the only one that smiles at me).

I have the same name as 1 grandfather, 3 cousins, 3 nephews, and 1 uncle. The uncle disappeared when he was 15, just took off and caught a freight (they say). He's discussed each year when the family has a reunion, he causes uneasiness in the clan, he is an empty space. My father's mother, who is 93 and who keeps the family Bible with everybody's birth dates (and death dates) in it, always mentions him. There is no place in her Bible for "whereabouts unknown."

## 2

Each Fall the graves of my grandfathers call me, the brown hills and red gullies of Mississippi send out their electric messages, galvanizing my genes. Last yr/like a salmon quitting the cold ocean—leaping and bucking up his birthstream/I hitchhiked my way from L.A. with 16 caps in my pocket and a monkey on my back, and I almost kicked it with the kinfolks. I walked barefooted in my grandmother's backyard/I smelled the old land and the woods/I sipped cornwiskey from fruit jars with the men/I flirted with the women/I had a ball till the caps ran out and my habit came down. That night I looked at my grandmother and split/my guts were screaming for junk/but I was almost contented/I had almost caught up with me. (The next day in Memphis I cracked a croaker's crib for a fix.)

This year there is a gray stone wall damming my stream, and when the falling leaves stir my genes, I pace my cell or flop on my bunk and stare at 47 black faces across the space. I am all of them, they are all of me; I am me, they are thee, and I have no sons to float in the space between.

LESSON #2

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | 11 | SUBJECT AREA: Language Arts |
| LESSON OBJECTIVES: | Examination of values | |
| Content Area: | Character analysis | CCG: 1.10, 1.11, 1.12 |
| AOD Prevention: | Responsibility/consequences; social/refusal and coping skills; decision making/problem solving | AOD: 2, 6, 7 |
| LESSON DIRECTIONS: | 1. Have students brainstorm definitions of values and morals. List the critical attributes of the concepts used on overhead or chalkboard.<br>2. Have students list scenes from the novel that fit their definition of values and morals (e.g., money, parties, social class, drunk driving, divorce, family, etc.).<br>3. Divide students into groups and assign characters for each group to discuss regarding the social values they have brainstormed. Each group will make a presentation to the class discussing how the author uses plot, setting, dialogue, etc., to develop the character. | |
| Time: | 1 day | |
| Follow-up: | Continued study of the 1920s and an analysis of their own lifestyles and social activities. | |
| MODIFY FOR SPECIAL NEEDS STUDENTS: | This lesson works best with students who can take a serious look at social activities involving drugs and alcohol. | |
| MATERIALS NEEDED: | Novel ***Great Gatsby***; optional, movie ***Great Gatsby*** | |
| TEACHER PREP: | Students should be finished with the reading and general plot summary of the novel. | |
| TEACHER BACKGROUND: | Knowledge of critical aspects of the novel. Knowledge of lifestyles and history of the 1920s. Knowledge of F. Scott Fitzgerald's biography. | |

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

| | | |
|---|---|---|
| GRADE LEVEL: | 9-12 | SUBJECT AREA: Language Arts (Literature) |
| LESSON OBJECTIVES: | Discover impact of drinking in literature, cultures contrast/compare to social, partying style of drinking in our culture. | |
| Content Area: | Literature (AP) | CCG: 1.13B, 2.3 2.4 |
| AOD Prevention: | Drinking for camaraderie, hospitality, consequences, cultural impact | AOD: 1, 2, 6 |
| LESSON DIRECTIONS: | 1. Read ***Beowulf***.<br>2. Discuss use of alcohol and importance of not drinking.<br>3. Investigate impact of drinking (all were drunk when Grendel arrived).<br>4. Question: Could the outcome have been different if the men had not been drunk?<br>5. Have each student find at least one other story, book or poem where drinking plays a part (write essay on selection). Present to class. Essay should include: (1) situation in which drinking plays a part, (2) impact of drinking on situation, and (3) comparison to some modern situation.<br>(Give suggestions: Hemingway, Fitzgerald, ***The Odyssey***, ***Mythology***, ***Huck Finn***, ***To Kill a Mockingbird***, etc.) | |
| Time: | 2-3 class periods | |
| Follow-up: | Post essays. Publish best essays in school publication. | |
| MODIFY FOR SPECIAL NEEDS STUDENTS: | Select translation at a lower or higher level. | |
| MATERIALS NEEDED: | Copies of ***Beowulf*** and list of other literary selections which are impacted by drinking and or other drugs. | |
| TEACHER PREP: | Be familiar with a number of literary sources impacted by alcohol. | |
| TEACHER BACKGROUND: | | |

LESSON #4

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 10-12 SUBJECT AREA: Language Arts (Literature)

LESSON OBJECTIVES: Add new slant on themes of novel. Relate impact of alcohol on major conflict. Write and present good essay or impact of drunkenness on conflict.

Content Area: Literature CCG: 1.0, 1.11, 1.12

AOD Prevention: Self-esteem, feelings, responsibility, consequences, dysfunctional families, denial, cultural norms AOD: 1, 2, 4, 5, 6

LESSON DIRECTIONS:

1. Read ***To Kill a Mockingbird***

2. Discuss themes: racism, general prejudice, etc.

3. Focus on importance of alcoholism of Eula Mae's father.

Questions:
   a. Why did she invite Tom R. into their home?
   b. Why did she accuse him of rape?
   c. Why did she deny her father's abuse?

4. Write an essay explaining how Tom would never have been accused or dead if Eula Mae's father had not been a drunken, abusive father.

Time: 3-4 week unit—total—which includes reading and other essays on prejudice of different types

ALTERNATIVE: Show the film or the section of the film where this is portrayed.

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: Copies of ***To Kill a Mockingbird***

TEACHER PREP: Thoroughly read, review ***To Kill a Mockingbird***. Review effects of unhealthy families.

TEACHER BACKGROUND:

LESSON #5

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Language Arts/Social Studies/Science/Health

LESSON OBJECTIVES: Write a cross-curricular research paper. Investigate area of drug/alcohol abuse. Use good research, organizational, and writing skills.

Content Area: CCG: 2.7, 2.8
1.16

AOD Prevention: AOD: Depends on topics selected

LESSON DIRECTIONS: Discuss some impacts of drug/alcohol use/abuse.

1. Give list of possible topics for research.
2. Students generate additional topics.
3. Students choose topic.
4. Research topic:
    a. Must have five or more resources (variety).
    b. Must be reasonably current (magazines, newspapers, etc.).
    c. Write bibliography (correct form).
5. Take organized notes.
6. Outline/introduction
7. First draft (include footnotes and bibliography).
8. Final draft.
9. Presentation to class.

Time: Approximately 2 weeks

Follow-up: Maintain essays in a central file to be used by fellow researchers in years to come.

MODIFY FOR SPECIAL NEEDS STUDENTS: TAG students could be expected to do a more extensive paper. Special education students may need more help—perhaps just summarize an article or two and add their comments.

MATERIALS NEEDED: Bibliography of available sources would be useful, although students are required to generate their own. (It would be good to make a list of their bibliographies.) Social studies departments probably have access to more materials than English departments. Also investigate health and science departments.

TEACHER PREP:

TEACHER BACKGROUND:

LESSON #6

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9 (adaptable)

SUBJECT AREA: Language Arts (Basic English—Vocabulary)

LESSON OBJECTIVES: Learn and use drug and alcohol-related vocabulary. Writing content-filled, grammatical sentences. Share ideas generated (both vocabulary use and concepts).

Content Area: Writing: vocabulary, grammar

CCG: 1.1, 1.2, 1.5, 1.15, 2.3, 2.4, 2.8

AOD Prevention:

AOD: 1, 2, 4, 5

LESSON DIRECTIONS:

1. Read article on drugs and alcohol.
2. Discuss article.
3. Discuss selected drug and alcohol-related terms in article.
4. In small groups, use selected words (usually about 10) in good sentences, including enough context to make meaning clear.
5. Present sentences to class.
6. Discussion of both content and effective sentences, including context.

Time: 1-2 class periods

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS: Selection of article(s) needs to be at grade level.

MATERIALS NEEDED: Interesting (preferably current) article relating to drug/alcohol use.

TEACHER PREP:

TEACHER BACKGROUND: Familiarity with "street language" about drugs.

SOURCE: Could find materials in health and/or social studies departments, newspaper, magazines, etc.

LESSON #7

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Clarifying meaning; noting significant similarities/differences. To help students discover insights about words and develop a personal connection to their significance. CCG: 1.2

AOD Prevention: AOD: 4

LESSON DIRECTIONS:

1. Have students cluster the word compulsion. What images does the word conjure in the learner's experience? Have students cluster the word addiction. What images does this word conjure?
2. Explore the implications of the clusters. Are there any values, overtones suggested by either word? What seems to be the connotative significance of each?
3. This activity provides an opportunity to address the feelings underlying definitions.
4. Continue deeper exploration and more accurate identification by such questions as "What occurs to you? What impression do you have? Why? What else do you think? What other words are related? How are they different? When do you think people use this word? Do different people use the word in different ways? For what kind of purposes?"
5. Following the discussion, have students write and share extended definitions of each word.

Time: 1 period

Follow-up: Continued work with vocabulary.

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 12 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Recognize dangers of behavior modification, loss of individuality. Construct meaningful inferences from concrete information. | CCG: 1.5, 1.11, 1.12, 2.10 |
| AOD Prevention: | Understanding personal and psychosocial effects of drugs. Promoting a full, healthy lifestyle. | AOD: 3, 4, 6 |

LESSON DIRECTIONS: Group Activity:

1. Carefully read the discussion between Mustapha Mond and John the Savage near the end of the novel ***Brave New World***.
2. List the main points each man puts forth in the discussion.
3. Identify the assumptions made by each character (e.g., escapism vs. personal responsibility).
4. From this discussion, what can you infer about the value system of each character?
5. Use the information generated in 1-4 to create a map of the discussion, using both words and drawings to visually communicate your interpretation.

Post the maps and have each group explain their rationale for the organizer they chose as well as explain the relationships among the concepts included in the map.

Time: 2-3 class sessions

Follow-up: Read Russell Baker's essay "The Age of Non-Man." Identify and make a list of the tendencies in society which Baker satirizes; make a second list of the manner in which those same tendencies are dealt with in ***Brave New World***. In an expository essay, make and support an evaluative judgment in response to the question: "What is the most significant danger about which these satirists are warning us?"

MODIFY FOR SPECIAL NEEDS STUDENTS:

## LESSON #8
Language Arts

MATERIALS NEEDED: ***Brave New World***

TEACHER PREP:

TEACHER BACKGROUND: Understand and have taught students the principles of concept mapping. (Excellent reference—Clarke, John H. ***Patterns of Thinking: Integrating Learning Skills in Content Teaching***. Boston: Allyn and Bacon, 1990.) Understand and have taught the concepts of irony and satire.

LESSON #9

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 12 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Recognize influences on personal values; impact of cultural norms; manner in which literary characters reflect our own dilemmas. CCG: 1.5

AOD Prevention: Taking responsibility for one's own actions and behaviors despite pressures of group norms and culture. AOD: 2, 6

LESSON DIRECTIONS: SET (individual or group): Have students think of and write down two or three examples of behaviors which they see as customary and accepted within their high school culture.

Now imagine that a time machine or some other device has allowed a character from another culture or another time period to be transported to this school. If this person observed these behaviors, what conclusions would you predict the character would come to about the values of this society and why?

SMALL GROUPS: Using the behaviors and resultant predictions, identify and list the criteria upon which we tend to make such judgments about others.

Read (or listen to recording of) Act I, Sc. 4, 11. 1-38 of ***Hamlet***.

1. Use Hamlet's observation that a custom may be "more honored in the breach than in the observance" to lead into a discussion of the need to examine group norms and cultural influences and take personal responsibility for one's own behaviors.
2. Refer to Mark Anthony's comments in his funeral speech, "The evil that men do lives after them . . ." and/or Benjamin Franklin's adage that "Glass, china and reputation are easily cracked and never well mended" to discuss the insight Hamlet is expressing regarding the impact of a person's single action, behavior, or decision in leading others to make such judgments.
3. Have students write a trial thesis statement for a paper they might be able to develop on this topic as they continue their study of the play.

Time: 30 minutes

Follow-up: Have students note evidence from the rest of the play that they could use to validate their conclusions and possibly write an expository essay following.

MODIFY FOR SPECIAL NEEDS STUDENTS: Put IEP student(s) into a group with a mature, responsible learning partner.

MATERIALS NEEDED: ***Hamlet***. Could also use Oliver's film since these lines from the play are the focal point of his interpretation of Hamlet's character.

TEACHER PREP:

TEACHER BACKGROUND:

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 11 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Characterization, motivation; defining problems CCG: 1.5, 1.12

AOD Prevention: Taking responsibility for one's actions, problem solving. AOD: 2, 7

LESSON DIRECTIONS:

1. Have students cluster the word problem. Do a two- to three-minute quick write. Underline significant ideas. Write a one-paragraph definition of a problem.

2. Teach the I.D.E.A.L. problem-solving acronym (Identify the problem; Define the problem; Explore possible alternatives; Apply what seems to be the best course of action; Look at the results).

Groups or individuals: Think about the character of Pap in ***Huckleberry Finn***.

1. How does Pap define his problem? (Give evidence from the book to support your inferences.)
2. How does the manner in which he defines his problem limit his solutions?
3. Apply the IDEAL strategy:
   a. Redefining Pap's problem in a manner which offers alternative solutions, and
   b. Devising a plan for Pap to work through this newly defined problem.

   (Discussion of reasons why problem definition is a most important aspect of problem solving.)

Other Possibilities:
Teach Robert Ardrey's needs theory—stimulus, identity, security—as a framework for defining Pap's problem.

Time: 1 or 2 class periods

Follow-up: Continued work with problem definition, problem solving

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

LESSON #11

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-10 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: To evaluate influences of setting on plot and character development. CCG: 1.14

AOD Prevention: Self-esteem, enabling/denial; social/refusal and coping skills AOD: 1, 5, 6

LESSON DIRECTIONS: Have students write on a piece of paper how they visualized the "butt room" in the novel, ***A Separate Peace***. After a few minutes, have students pair up and compare images. After a few minutes, list some of their images on the board. When satisfied that they have the correct image base, ask the following or similar questions.

1. Did the "butt room" have a positive or negative connotation (reputation) at the school?
2. What significance did the "butt room" have for the main character Gene?
3. If this scene was eliminated, what changes would take place in the story?
4. Do smokers here at our school have a negative or positive reputation?
5. Should smokers here have a designated area to smoke?

The teacher should monitor and adjust questions and responses continually aiming at the attainment of the content and AOD objectives.

Close the activity with appropriate teacher comments while giving the students the chance to show you what they learned by summarizing the lesson on a piece of paper and giving it to the teacher as they leave class.

Time: 1 period

Follow-up: The discussion could lead to a culminating essay using either the content or the AOD objective as a topic.

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: ***A Separate Peace*** by John Knowles

TEACHER PREP: Students should be finished reading the novel and discussing basic plot, characters and summary.

TEACHER BACKGROUND:

LESSON #12

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9 SUBJECT AREA: Language Arts

LESSON OBJECTIVES: To understand expository writing through examples of classification and division.

Content Area: CCG: 2.8, 2.13

AOD Prevention: Social/refusal and coping skills; peer pressure, group norms, stereotyping AOD: 6

LESSON DIRECTIONS: Have students take out a piece of paper and list the various social groups within their school. Use the board or overhead to list the groups. Organize the class into small segment groups with a variety of students in each group. Do not let one segment of the group (boys, girls, etc.) dominate the whole group. Have each segment discuss the social connotations of each category of student and then determine what fallacies of thinking are evident in labeling groups as "jocks," "stoners," "brains," etc. Close with each student writing a brief paragraph about the dangers of labeling and stereotyping.

Time: 1 period

Follow-up: Students will write a clear, organized expository essay.

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND: The teacher needs to be extremely aware of the make-up of the class. The activity is risky if set up with equal members of the various segments. The instructor must be careful to not lose focus of the objectives and not single out individual students.

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

Content Area: Persuasion; propaganda devices used to promote tobacco, alcohol and drugs CCG: 1.9

AOD Prevention: Media—advertising influences AOD: 9

LESSON DIRECTIONS: Discuss and categorize persuasive devices (such as those listed below) used to advertise alcohol and/or other drugs.

1. Party appeal: Ads using this appeal depict people having a good time. The theme sends the message that if you use their product, you'll have a good time.
2. Success appeal: Ads using this appeal feature people in posh, comfortable environments and push the message that you will become successful if you use their product.
3. Independence appeal: Ads using this appeal feature people with a lot of confidence and an independent attitude. These ads sell the message that you will become independent and confident as well if you use this product.
4. Bandwagon appeal: Ads using this appeal feature a large group of people doing something. This appeal sends the message that "everyone" uses that product so you should too.
5. Sex appeal: Ads using this type of appeal feature couples involved in romantic or flirtatious activities. These ads push the theme that if you use this product, you will find romance.

Instruct students to maintain a log of commercials during three hours of TV viewing, noting in particular all types of medicines that are advertised. Categorize each commercial by the type of persuasion used. Also have students read through several periodicals searching for persuasive devices, creating a list of findings.

Have students share their findings by compiling a list of commercials and advertisement on the board or on a transparency. Discuss any pattern that develops indicating differences in the type of persuasion used to sell drugs. Discuss why certain techniques might be particularly effective in selling medicines.

LESSON #13
Language Arts

Time: 2 days

Follow-up: The activity could ultimately end with students writing a persuasive essay.

MODIFY FOR SPECIAL NEEDS STUDENTS: A more inclusive list of propaganda devices can be utilized depending on capabilities of students.

MATERIALS NEEDED: Periodicals; TV

TEACHER PREP: Students should have knowledge or access to an extended list of propaganda devices. Students should have previous instruction concerning the differences among facts, opinion, persuasion and propaganda.

TEACHER BACKGROUND:

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-10 SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Understanding the writing process with emphasis on audience. | CCG: 1.16, 2.7 |
| AOD Prevention: | The possibility of using all ten AOD objectives: self-esteem, responsibility, health, information, denial and enabling, coping skills, decision making, communication skills, media, and drugs in the work place. | AOD: 1-10 |

LESSON DIRECTIONS: Discuss the concept of writing for a specific audience (that is, choosing topics, vocabulary, approach, and style that will be easily understood by a particular group of people).

Have students suggest the kinds of changes that would have to be made to a speech on alcohol and drug use intended for the following groups:

a. A youth group of preteens at a local church;
b. A general high school-age audience;
c. A Parent Teachers Association (PTA) meeting;
d. A group of athletes training for the Olympics;
e. A group of teenagers in a drug rehabilitation program.

Divide the class into small groups and assign each group a specific audience. Instruct the groups to conduct research and write a speech about the negative effects of alcohol and drug use.

Stress that groups should carefully consider which ideas to include in order for the material to fit the audience and purpose of the speech.

Have each group elect a representative to read their speech aloud. Ask the class to try and listen to the speech as though they were the assigned audience. Then have the class critique the speech based on how well it seemed suited to the intended audience.

Time: 1-2 days

Follow-up: This activity can be used with individual students as well as groups. You can also adapt the activity by having students write short paragraphs aimed at the assigned audience.

LESSON #14
Language Arts

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: Library

TEACHER PREP:

TEACHER BACKGROUND: Teacher should have a reasonable knowledge of students' background. Also, teacher should have a broad awareness of drug and alcohol use.

LESSON #15

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Language Arts

LESSON OBJECTIVES: Identify personal beliefs, values and feelings; persuasive debate

Content Area: CCG: 2.8, 2.9, 2.6

AOD Prevention: Responsibility/consequences; personal health and safety; drug information; denial and enabling; media influences; drugs in the workplace. AOD: 1-5, 9, 10

LESSON DIRECTIONS: Conduct team debates on the pros and cons of topics such as:

a. Advertising tobacco and alcohol products
b. Prohibiting smoking in schools
c. Prohibiting smoking in businesses
d. Prohibiting smoking in hospitals
e. The legal drinking age in Oregon
f. Open container laws

Allow students to choose a topic and decide which side they want to argue. If any topic has students assigned to the "pro" viewpoint but not the "con" viewpoint, encourage students to volunteer to argue the opposing view. Then have them research the topic in order to have facts to back up their argument.

Have the rest of the class evaluate the effectiveness of each team of debaters based on the following criteria:

a. Were both sides of the issue presented well? Did students on both sides take part in the discussion?
b. Did students on both sides do a good job of trying to persuade the audience to accept their view?
c. Did students on both sides have facts to back up their arguments?

Time: 1-2 days

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS: This lesson can be used at any grade level (9-12) or ability level with teacher-directed modifications.

MATERIALS NEEDED:

TEACHER PREP:

TEACHER BACKGROUND:

LESSON #16

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 11

SUBJECT AREA: Language Arts

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Develop a character profile, recognizing character traits and examining motivation. | CCG: 1.4, 1.11, 1.12, 2.10, 2.19 |
| AOD Prevention: | Identifying roles; recognizing and evaluating alternatives; taking responsibility for one's own behaviors. | AOD: 2, 7 |

LESSON DIRECTIONS:

1. Students will break into heterogeneous cooperative learning groups. Assign a social skill.
2. Groups will discuss ***Huckleberry Finn*** and brainstorm examples of the influence of the actions of Huck's alcoholic father upon Huck's behavior.
3. Each group will prepare a three-column chart to share with the class. In the first column, they will list Pap's actions. In the second column, they will list Huck's corresponding reaction. In the last column, students will list possible alternative responsible behavior.
4. Using think/pair/share, groups will discuss characteristics, traits, feelings and behaviors of children of alcoholics as they relate to Huck's role within his family unit.
5. Debrief the lesson.
6. Each group will write an expository composition describing possible alternative behaviors of Huckleberry Finn had he understood his role within his family with an alcoholic parent. Each student will contribute at least one idea.

Time: 5 lessons, 45-55 minutes each

Follow-up: Have students write a nursery tale (see following lesson based on ***The Little Red Hen***) creating characters with some of the family roles identified in this lesson and developing a moral which reflects what they have learned about dysfunctional families.

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: ***Huckleberry Finn***

TEACHER PREP:

TEACHER BACKGROUND:

LESSON #16a
Language Arts

## THE LITTLE RED HEN

LESSON DIRECTIONS:

1. After reading ***The Little Red Hen***, students will break into heterogeneous. cooperative learning groups of four. ("Structures") Assign a social skill. ("Process/Social Skills—How to Teach")

2. Groups will brainstorm reasons why nobody wanted to help the little red hen, and possible character traits behind such conduct.

3. Each group will make a five column chart to share with the class. The chart will be divided into columns, with the first column listing the animals involved. The second column will list reasons given for not wanting to help. The third column will list the character trait behind the reason given. Corresponding character traits of a cocaine user will be listed in the fourth column. Rewards or consequences for such actions will be listed in the last column.

4. After sharing each group's chart with the class, groups will list modern applications and consequences on their charts which will be shared with the class. Students will share modern rewards or consequences for their choices.

5. Each group will write an updated version of the tale of the Little Red Hen, substituting fictitious students with character traits of the cocaine user for the animal characters in the original tale.

6. Debrief the lesson. ("Debriefing/Reflection")

LESSON #1

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 11 (Advanced Math) SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Polynomial function investigation and analysis using calculators and graphing. CCG: 7.3

AOD Prevention: Students discuss with peers beliefs/attitudes/behaviors motivated by the lesson problem concerning drinking alcohol, blood alcohol content level, and driving while under the influence of alcohol. AOD: 4

LESSON DIRECTIONS:

1. Give students a polynomial function describing blood alcohol content level in the human body as a function of time.
2. Using calculators and polynomial function graphing techniques, graph the given function.
3. Color in areas of the graph that represent dangerous driving conditions. Calculate percent of chance of getting into an accident (probability).
4. Mathematical analysis: identify reasonable domain for the function, state the range, and have students describe the nature of change of blood alcohol level concentration as a function of time in the human body.
5. AOD Prevention: let students discuss their previously-held beliefs and attitudes regarding the effects of alcohol on the body and compare to their new knowledge.

Time: 1 class period, or a part of one, depending on your time constraints

Follow-up: In a subsequent lesson, perhaps as a warm-up activity, present a transparency of several different types of graphs including one of blood alcohol concentration vs. time. Let students write in their own words what situations result in such graphs.

MODIFY FOR SPECIAL NEEDS STUDENTS: For lower grades (e.g., general math/algebra 1): do not have students graph the function; simply present the graph already done and then analyze it. For higher grades (e.g., pre-calculus/calculus): analyze different parts of the function, is it realistic, attempt to fit another function to some data representing a drug different from alcohol. Can be used with TAG students in an algebra course.

LESSON #1
Math

MATERIALS NEEDED: Graph paper; maybe an actual breathalizer instrument used to determine blood alcohol content (just a student interest item).

TEACHER PREP: Familiarize oneself with the meaning of blood alcohol concentration and perhaps reasonable and unreasonable levels, as well as actual legal limits, so you can speak credibly as you analyze the graph and assess its authenticity. Remember drinking alcohol is illegal under age 21! Therefore, there is NO reasonable (or legal) level for students! This must support a "no use" message!

TEACHER BACKGROUND: General understanding of techniques for graphing functions; function terminology (e.g., domain, range, intercepts); ability to use scientific calculator to aid graphing.

SOURCE: Scott Foresman ***Advanced Algebra****, chapter on "Polynomial Functions", page 636, problem #12; page 527, problem #19; copyright 1990.

12. The polynomial function A defined by

$$A(x) = -.015x^3 + 1.058x$$

gives the approximate alcohol concentration (in tenths of a percent) in an average person's bloodstream x hr after drinking about 8 oz of 100 proof whiskey.

a. Graph $y = A(x)$. **See margin.**
b. From the graph estimate the number of hours necessary for the alcohol concentration to revert back to 0. **between 8 and 9 hours**
c. Check your answer to part b by solving $A(x) = 0$. (The function A is approximately valid for x between 0 and 8, so be careful how you interpret this answer.) **$x = 8.4$ hours**
d. Using the graph, estimate the time at which the alcohol concentration was the greatest. **$x = 5$ hours**
e. In some countries a person is legally drunk if the blood alcohol concentration exceeds 0.07%. Use your graph to estimate the length of time in which this average person is legally drunk. **8 hours**

19. The percent risk R of an auto accident is exponentially related to the percent b of the alcohol blood level of the driver and is given by this formula: $R = e, 21.4b$

a. What is the relative risk of an auto accident if the blood alcohol level is 0.10%? **8.5%**
b. At what percent alcohol blood level is the driver considered certain to crash the car? **.22%**

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LESSON #2

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Reading and interpreting graphs, tables and charts, and making predictions based upon them. CCG: 6.1

AOD Prevention: Students' awareness of the health and safety risks of drinking alcohol will be raised. Also, students will better understand effects of media advertising on consumer choices. AOD: 3, 9

LESSON DIRECTIONS:

1. Begin class by asking, "Why do we use charts and graphs? What can they do that narrative cannot?"
2. Discuss/define relevant vocabulary words prior to analyzing graphs/charts (e.g., respondents, poll, blue collar, white collar, professional, excise tax).
3. Distribute graphs/charts. Examine each chart. Discuss how to read and interpret them.
4. Group your students (cooperative learning is a possibility) and direct them to answer the questions for each graph.
5. Compare worksheets as a whole group.

Time: 1 class period

Follow-up:

1. Have the class do their own poll regarding the proposed federal law and then graph the class responses on a pie chart and put on a bulletin board.
2. Have class analyze the possibility of the proposed federal laws.

Promote a general understanding of pie charts and graphs. Awareness of the proposed federal law requiring TV/radio stations that advertise beer/wine to provide equal time for health and safety messages about drinking.

MODIFY FOR SPECIAL NEEDS STUDENTS: For lower grades: simplify vocabulary if needed. Perhaps highlight parts of graph/chart headings or questions to accommodate different reading levels. Utilize peer tutors if groups do not work well for certain individuals. For higher grades: more indepth interpretations. Research to find out the actual outcome of the proposed legislation.

LESSON #2
Math

MATERIALS NEEDED: Four graphs/charts on alcohol-related information and four sets of related interpretive questions are included on the following pages.

TEACHER PREP: Make copies of necessary graphs/charts and interpretive questionsfor this lesson. Butcher paper for your class to make a pie chart.

TEACHER BACKGROUND:

SOURCE: University of California, Irvine's PACT Project, 1988

## Chart/Graph: Reading Questions

Comparison of Alcohol and Other Drug Abuse Trends Among Oregon 8th-11th Graders—Bar Graph

1. What is this bar graph illustrating?
2. What group is represented by the red marks?
3. What group is represented by the black marks?
4. What percentage of Oregon's 11th graders are abusing inhalants?
5. What percentage of Oregon's 11th graders are abusing alcohol?
6. What percentage of Oregon's 11th graders are abusing marijuana?
7. What percentage of Oregon's 8th graders are abusing cigarettes, marijuana and alcohol?

## Measures to Fight Abuse—Pie chart

This pie chart measures opinions to three questions:

1. Who would favor, oppose or respond with no opinion to the question of requiring media to allot equal time for safety ads regarding beer and wine?
2. Who would favor doubling the excise tax on beer and wine?
3. Who would favor posting warning labels on beer and wine packaging?

## Questions

1. What percentage of those polled have no opinion regarding the placement of warning labels on all beer and wine products?
2. What percentage of those polled favor doubling the excise tax on beer and wine?
3. What percentage of those polled favor requiring media to broadcast beer and wine safety ads in an amount equal to the number of beer and wine ads?
4. What percentage have no opinion regarding the above question?

LESSON #2a
Math

## Blood-Alcohol Chart

Shows the estimated percentage of alcohol in the blood by the number of drinks in relation to body weight.

1. What would the percentage of blood-alcohol be in the body of a person who weighs 100 pounds and has had two drinks?

2. How many drinks would it take the average 140 pound person to reach a blood-alcohol level of .107?

3. If a person weighs 120 pounds and has had three drinks, with her first having been consumed two hours ago, what is her present approximated blood-alcohol percentage?

4. If a person weighs 160 pounds and has consumed five drinks, with the first having been consumed five hours ago, what is their present blood-alcohol percentage?

## Equal Time for Alcohol and Safety Ads Chart

This chart gives you an idea of WHO was polled on the questions/responses represented by your pie graph.

1. Does this chart examine statistics that were compiled from a city, state or national poll?

2. How many individuals were interviewed for this survey (total number)?

3. How many of the poll's respondents were men?

4. How many were women?

5. How many people polled were from the midwest?

6. How many people polled were from the east?

7. How many people polled were Hispanic?

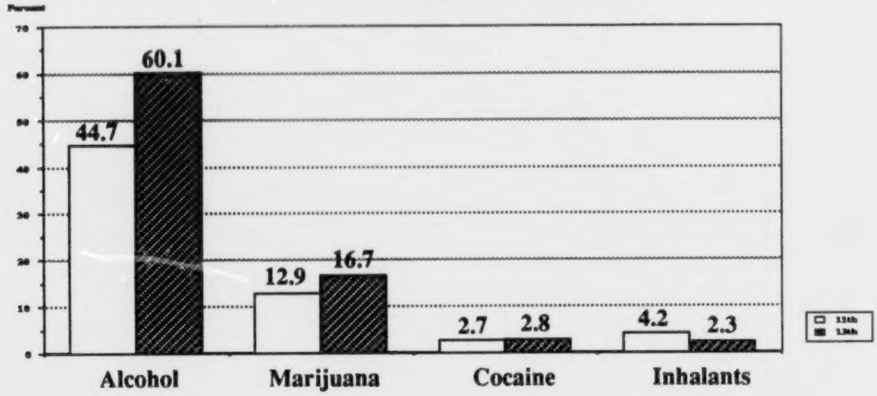
8. How many people polled were 50-64 years old?

9. How many high school graduates would favor a federal law that would require TV and radio stations carrying beer and wine commercials to provide equal time for health and safety warning messages about drinking?

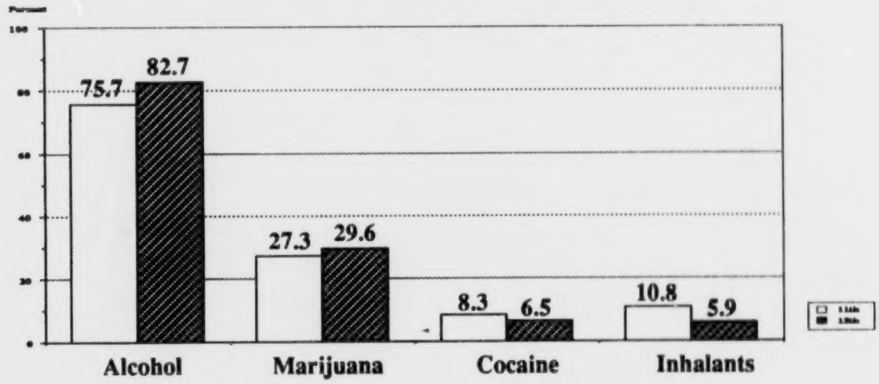
10. How many easterners polled oppose this proposed federal law?

11. How many skilled workers polled had no opinion regarding this proposed federal law?

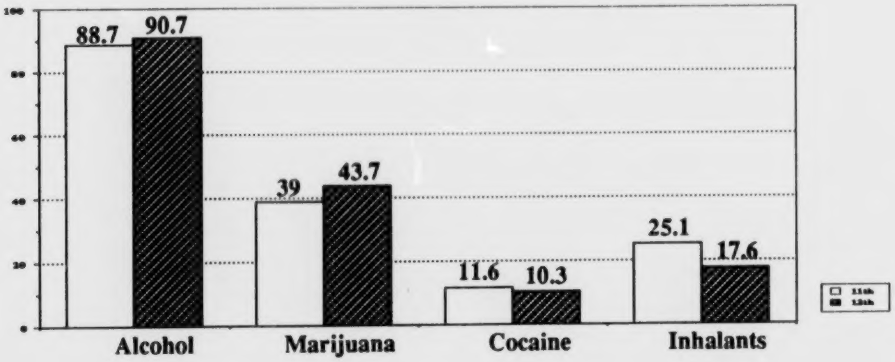
Past Month Use of Selected Drugs
Oregon 11th ('90) vs Nat'l, 12th ('89)
Alcohol, Marijuana, Cocaine, Inhalents



Past Year Use of Selected Drugs
Oregon 11th ('90) vs Nat'l, 12th ('89)
Alcohol, Marijuana, Cocaine, Inhalents

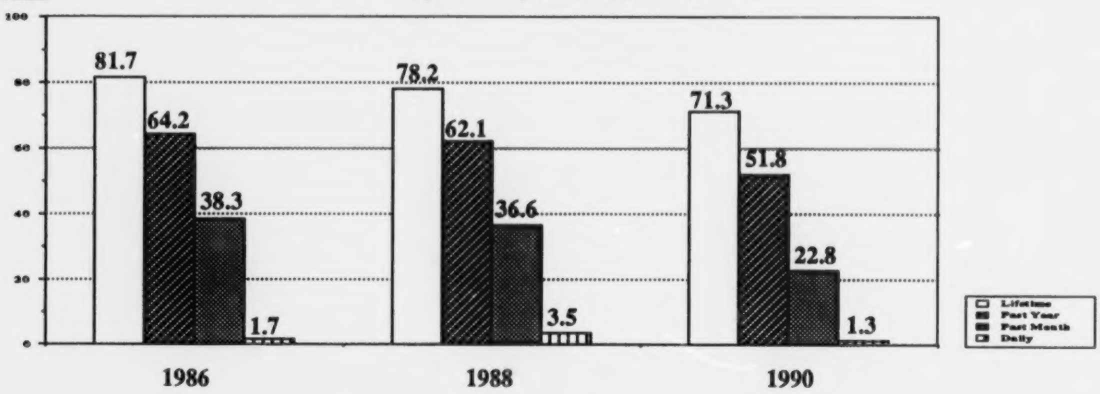


Lifetime Use of Selected Drugs
Oregon 11th ('90) vs Nat'l, 12th ('89)
Alcohol, Marijuana, Cocaine, Inhalents

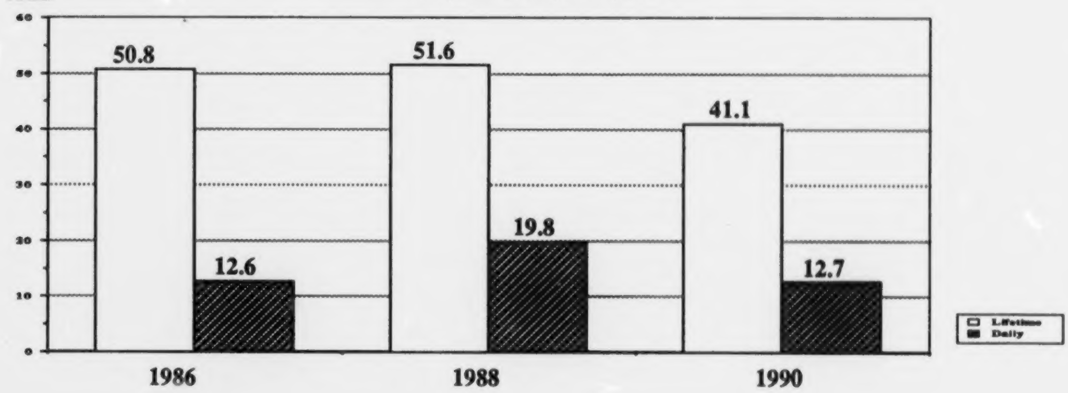


LESSON #2b
Math

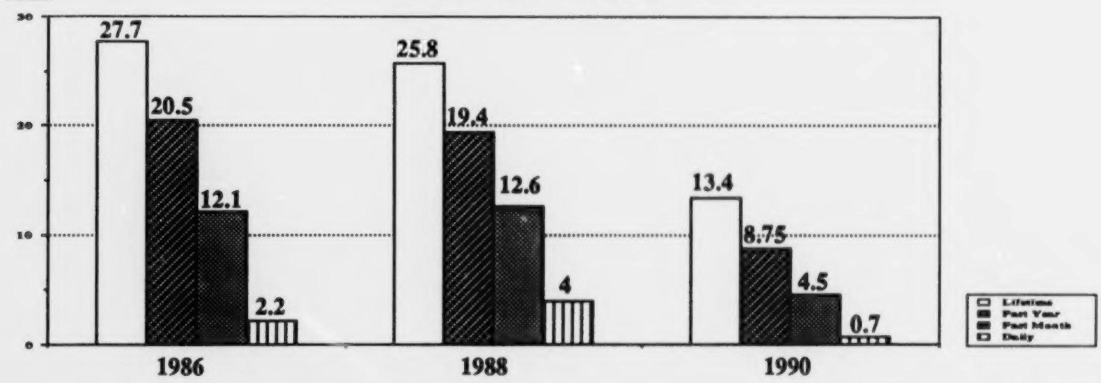
Alcohol: 8th Grade Prevalence of Use
Lifetime, Past Year, Past Month, and
Daily Use for years 1986, 1988, 1990



Cigarettes: 8th Grade Prevalence of Use
Lifetime and Daily Use
for years 1986, 1988, 1990

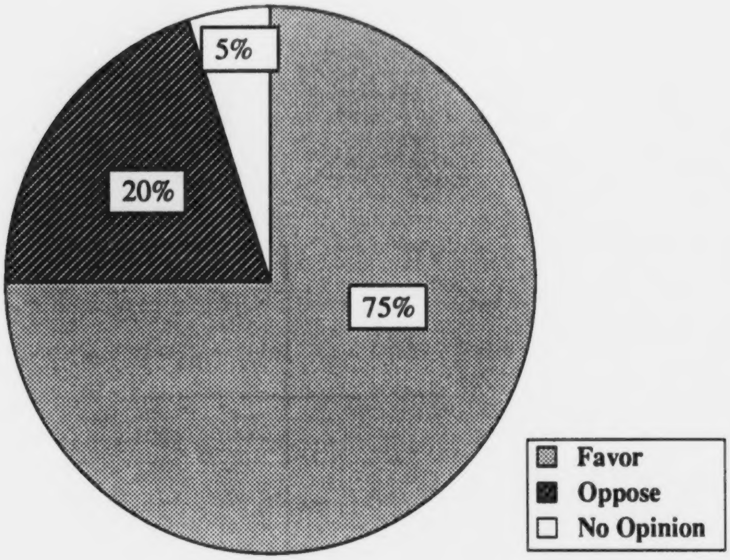


Marijuana: 8th Grade Prevalence of Use
Lifetime, Past Year, Past Month, and
Daily Use for years 1986, 1988, 1990

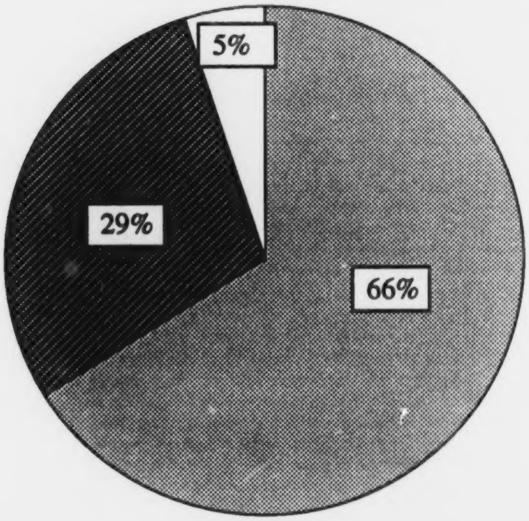


# MEASURES TO FIGHT ABUSE

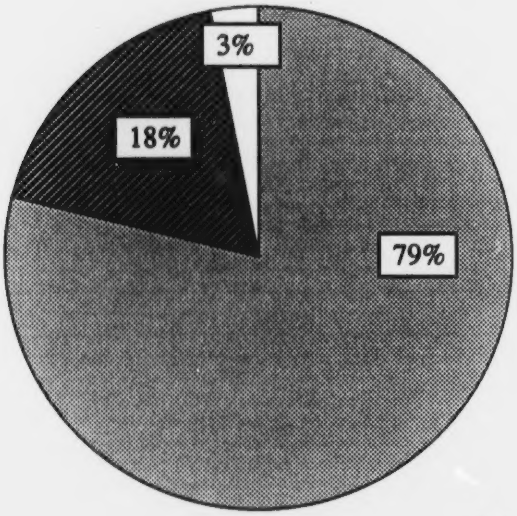
## 1. Equal Time for Alcohol and Safety Ad



## 2. Doubling Excise Tax



## 3. Warning Labels



LESSON #2d
Math

## BLOOD ALCOHOL CHART

Showing Estimated % of Alcohol in the Blood by Number of Drinks in Relation to Body Weight

| Number of | Body Weight in Pounds | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Drinks* | 100 | 120 | 140 | 160 | 180 | 200 | 220 | 240 |
| 1 | .04 | .03 | .03 | .03 | .02 | .02 | .02 | .02 |
| 2 | .08 | .06 | .05 | .05 | .04 | .04 | .03 | .03 |
| 3 | .11 | .09 | .08 | .07 | .06 | .06 | .05 | .05 |
| 4 | .15 | .12 | .11 | .09 | .08 | .08 | .07 | .06 |
| 5 | .19 | .16 | .13 | .12 | .11 | .09 | .09 | .08 |
| 6 | .23 | .19 | .16 | .14 | .13 | .11 | .10 | .09 |
| 7 | .26 | .22 | .19 | .16 | .15 | .13 | .12 | .11 |
| 8 | .30 | .25 | .21 | .19 | .17 | .15 | .14 | .13 |
| 9 | .34 | .28 | .24 | .21 | .19 | .17 | .15 | .14 |
| 10 | .38 | .31 | .27 | .23 | .21 | .19 | .17 | .16 |

*One drink is 1 oz. of 100-proof liquor, 12 oz. of beer, or 4 oz. of table wine.
Subtract .015 for each hour of drinking.
[In California, the legal BAC limit is .08% as of January 1, 1990]

## HAS ALCOHOL AFFECTED YOUR DRIVING ABILITY?

This can be determined by the % of alcohol in your blood. You can estimate your blood-alcohol level by COUNTING YOUR DRINKS (1 drink equals 1 volume oz. of 100 proof whiskey or 1-12 oz. bottle of beer.)
Use alcohol chart shown above—and under number of drinks and opposite your BODY WEIGHT. Find the % of blood-alcohol listed.
Subtract from this number the % of alcohol "burned up" during the time elapsed since your first drink.

| Hours since first drink | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| Subtract | .015% | .030% | .045% | .060% | .075% | .090% |

The remainder is an estimate of the % of alcohol in your blood

EXAMPLE: 160 lb. man, 8 drinks in 6 hours
.188% minus .090% = .098%

## INTERPRETATION OF RESULTS

| % of blood alcohol | Intoxicated? | If you drive a car — |
|---|---|---|
| .000 to .050 | you are not | take it easy |
| .050 to .080 | you may be | use extreme caution |
| .080 & above | you are | Don't—you've had it! |

**FOR BEST RESULTS—DON'T DRINK AND DRIVE**

LESSON #2e
Math

## Equal Time for Alcohol and Safety Ads

QUESTION: Please tell me whether you favor or oppose each of the following proposals: A federal law that would require TV and radio stations carrying beer and wine commercials to provide equal time for health and safety warning messages about drinking?

October 24-27, 1986 (Personal)

| | Favor | Oppose | No Opinion | Number of Interviews |
|---|---|---|---|---|
| NATIONAL | 75% | 20% | 5% | 1,559 |
| SEX | | | | |
| Men | 71 | 23 | 6 | 784 |
| Women | 78 | 23 | 5 | 775 |
| AGE | | | | |
| 18-29 years | 81 | 13 | 6 | 323 |
| 18-24 years | 83 | 11 | 6 | 143 |
| 25-29 years | 78 | 17 | 5 | 180 |
| 30-49 years | 73 | 23 | 4 | 599 |
| 50 & older | 72 | 22 | 6 | 631 |
| 50-64 years | 72 | 23 | 5 | 342 |
| 65 & older | 73 | 20 | 7 | 289 |
| REGION | | | | |
| East | 74 | 19 | 7 | 381 |
| Midwest | 76 | 19 | 5 | 427 |
| South | 73 | 23 | 4 | 469 |
| West | 76 | 17 | 7 | 282 |
| RACE | | | | |
| Whites | 75 | 20 | 5 | 1,390 |
| Non-Whites | 77 | 27 | 6 | 169 |
| Blacks | 77 | 17 | 6 | 152 |
| Hispanics | 72 | 19 | 9 | 91 |
| EDUCATION | | | | |
| College graduates | 65 | 29 | 6 | 303 |
| College incomplete | 75 | 20 | 5 | 387 |
| High school graduates | 78 | 17 | 5 | 528 |
| Not high school grads | 78 | 16 | 6 | 339 |
| POLITICS | | | | |
| Republicans | 74 | 22 | 4 | 485 |
| Democrats | 77 | 18 | 5 | 612 |
| Independents | 76 | 18 | 6 | 414 |
| OCCUPATION OF CWE | | | | |
| Professional & business | 72 | 23 | 5 | 485 |
| Other white collar | 72 | 23 | 5 | 102 |
| Blue collar | 77 | 17 | 6 | 557 |
| Skilled workers | 80 | 16 | 4 | 248 |
| Unskilled workers | 74 | 17 | 9 | 309 |
| HOUSEHOLD INCOME | | | | |
| $40,000 & over | 68 | 28 | 4 | 259 |
| $25,000-$39,999 | 76 | 22 | 2 | 354 |
| $15,000-$24,999 | 80 | 15 | 5 | 346 |
| Under $15,000 | 76 | 17 | 7 | 505 |
| RELIGION | | | | |
| Protestants | 78 | 18 | 4 | 907 |
| Catholics | 74 | 20 | 6 | 414 |
| LABOR UNION | | | | |
| Labor-union families | 78 | 17 | 5 | 305 |
| Non-union families | 74 | 20 | 6 | 1,254 |

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LESSON #3

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Demonstrate computational algorithms (especially percents) with real-world examples, analyzing the effects of tobacco, alcohol and other drug use on the economy. CCG: 2.2

AOD Prevention: Information about the nature, scope and complexity of the drug/alcohol problem in schools, communities and families. AOD: 4

LESSON DIRECTIONS:

1. Warm-up: how big is one billion? (Have some examples on hand.)
2. Explain that drug and alcohol use and abuse costs the United States billions of dollars every year. We spend money on law enforcement, rehabilitation, and prevention. Your parents pay taxes and a portion of their taxes go to support these efforts. Is that right? How else could this money be used?
3. Divide one billion by the U.S. population. This is the amount of money that each person could have if it was not spent on the alcohol/drug problem.
4. Distribute handout on drugs and crime following. Correct in class. Go over any percent problems students had difficulty with.
5. Close with a discussion of money and the drug problem, citing some of the information contained in the worksheet problems.

Time: 1 class period, or a portion

Follow-up: Create percent problems for future worksheets, review sessions, tests that contain more information on the drug problem and money. Include tobacco and cost of health care related to tobacco-caused disease (i.e., heart disease, stroke, cancer, etc.).

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: Worksheet: “Drugs and Crime.”

TEACHER PREP: Make copies of worksheet.

TEACHER BACKGROUND: Knowledge of percents. Awareness of the drug information and money issues presented in the worksheet.

SOURCE: ***Learning to Live Drug Free—A Curriculum Model for Prevention***, U.S. Department of Education

LESSON #3a
Math

Name ______________________________ Date ______________________________

## DRUGS AND CRIME

1. Fifty-four percent of people convicted of violent crimes had used alcohol before committing the offense. If 900,000 people were arrested for violent crimes, how many had used alcohol before they were arrested?

2. Thirty percent of all suicides are at least partly attributed to alcohol. If 20,000 people commit suicide, how many of these suicides were directly or indirectly caused by alcohol use?

3. Heroin addicts may have to steal items worth three times the cost of a daily drug habit (because they get so little for reselling stolen goods). If a person has a $50-a-day heroin habit, how much would he have to steal in one day to cover his addition? How much for one week?

4. Each year, there are some 500,000 drug-related arrests. At that rate, how many total drug-related arrests will we have in seven years? In 15 years?

5. Half (50 percent) of all motor vehicle fatalities are attributed to alcohol use. If there are 34,000 motor vehicle fatalities in one year, how many can be attributed to alcohol?

6. Approximately $8 billion is spent on drug enforcement every year in the United States. Drug users spend $90 billion a year to purchase illegal drugs. If no one purchased illegal drugs for one year and no money was needed for drug enforcement that year, how much money could be used for healthier purposes?

7. How many poverty stricken people could be helped by this money saved?

8. Relate this material to the National Debt issue.

LESSON #4

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Math

LESSON OBJECTIVES:

Content Area: Real world budgeting model that demonstrates addition, subtraction, multiplication of signed numbers and decimals. CCG: 2.2, 3.1

AOD Prevention: To analyze the effects of drugs and their cost on family budgets. Also, personal expenses involved (e.g., financial costs of cigarettes). AOD: 4, 7

LESSON DIRECTIONS:

1. A class opener: estimate the annual expense of a two-pack-a-day habit. This can be an individual or group activity. Discuss how they obtained their estimate. Explain to students we are not going to look at health risks but simply the finances involved in supporting such a habit. (NOTE: This could easily be a short day's lesson if a quiz is given or if the class make-up warrants it.)
2. Discuss that drugs are expensive and can ruin individuals and families financially. Have students plan a monthly budget. Provide them with a Scenario and have them fill in the Budget Planning Guide (see following pages). Discuss how drug habits can affect family life.

Time: This can range from 1 day to several days, depending on students.

Follow-up: The scenario you present in class can be changed. Will more income lessen the impact on the family, or will simply more drugs be bought? Compound the savings out over the next 20 years.

MODIFY FOR SPECIAL NEEDS STUDENTS: For lower grades: this is all applicable, but you may want to slow down the pace. For higher grades: pursue discussions regarding how one evaluates which items of a monthly budget to sacrifice. Explore value judgments.

MATERIALS NEEDED: Make copies of classroom set of budget planning guides.

TEACHER PREP: Perhaps prepare a possible budget that reflects your own budgeting strategy (this could be eye-opening for students).

TEACHER BACKGROUND: There are 10 packs to the carton and 20 cigarettes to the pack. Obtain a current price for a pack/carton of cigarettes. Have available some reasonable, current expenses to provide students with as they make their budgets. (This could be optional, and save the reality for after they make up a budget.)

SOURCE: *Learning to Live Drug Free—A Curriculum Model for Prevention*, U.S. Department of Education

LESSON #4a
Math

## SCENARIO

You are newly married, and the take-home pay from your two salaries is $30,000 a year. However, you do not know that your spouse is addicted to cocaine and is spending $100 a day on that drug.

Have students plan their monthly budget, being sure to include the following:

- housing payment (mortgage or rent);
- car payment (plus insurance, maintenance, and gas);
- electric, water, and gas bills;
- clothing;
- food;
- entertainment;
- furnishings;
- health care (insurance);
- vacation or travel;
- savings and miscellaneous.

LESSON #4b
Math

## BUDGET PLANNING GUIDE

| Monthly Expenses | | Yearly Expenses | |
|---|---|---|---|
| Housing .............. | $ | X 12 = | $ |
| Automobile ............ | | X 12 = | |
| Electric, water, and gas ..... | | X 12 = | |
| Clothing ............. | | X 12 = | |
| Food ............... | | X 12 = | |
| Entertainment ........... | | X 12 = | |
| Furnishing ............ | | X 12 = | |
| Health care (insurance) ...... | | X 12 = | |
| Vacation/Travel .......... | | X 12 = | |
| Savings and miscellaneous ..... | | X 12 = | |
| Total Expenses | $ ________ | X 12 = | $ __________ |
| Cocaine habit .......... | $ 3,000 | X 12 = | |
| Debt due to cocaine ....... | | X 12 = | |

---

Expense(s) or item(s) I would sacrifice first:

Expense(s) or item(s) I would sacrifice last:

LESSON #1

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Show how alcohol, tobacco and drug use can negatively affect job performance.

AOD Prevention: Illustrate the effect of tobacco, alcohol and other drug use on personal judgment and decision making. AOD: 3, 4, 10

LESSON DIRECTIONS:

1. Discussion on ways alcohol and other drugs can impair judgment in the workplace. Emphasize how we can harm ourselves and others by making bad decisions while under the influence.

2. Read "Rita's Story" (see Teacher Resource) and discuss the following questions:

    a. What could Rita have done to prevent the accident from happening?
    b. How could the situation have been worse?
    c. What does the case study tell you about following safety rules?
    d. If you were a co-worker of Rita's and knew that she had taken a drug that could impair her, would you try to intervene? Would you report her to a supervisor?

Ask students to suggest other situations in which alcohol or other drug use could result in serious harm to the individuals involved.

3. Have students write their own scenario patterned after "Rita's Story" and specific to their own work area/vocational class.

Time: 1 class period

Follow-up: Sharing of stories

MODIFY FOR SPECIAL NEEDS STUDENTS: Students of lower ability may be paired with a peer when writing scenario.

MATERIALS NEEDED: "Rita's Story;" list of safety rules for vocational/occupational areas (optional)

TEACHER PREP:

TEACHER BACKGROUND: Knowledge of how legal/illegal drugs and alcohol can affect performance, judgment and decision making.

Teacher Resource

## RITA'S STORY

Rita had been taking woodworking at school for over a year. Her current project was a grandmother clock which she planned to show at the state meet. She was in the process of making two columns which would be placed beside the face of the clock. Rita had very long hair. Since one of the shop's safety rules was to pin up long hair, Rita would always pin her hair up when she was working on the machines.

One day, Rita woke up with a bad sinus headache. Her head throbbed from the pressure, so she took two over-the-counter sinus tablets. The pills made her feel a little better, but a couple of hours later she still felt too bad to be able to think well in her classes. Between classes, she took two more sinus tablets, even though it hadn't been four hours since she took the first dose. By the time she got to woodworking class, she was beginning to feel very groggy. She felt like she could lay down and go to sleep. Instead of pinning her hair up as she usually did, she went straight to work on the columns for the clock she was making. She was almost finished with the second column when she had to lean over the lathe to reach a groove on the end of the column. When she leaned over, her hair fell forward and was caught in one of the moving parts of the machine. A sprocket wound the hair up and yanked Rita's head into the metal cover over the motor, leaving her with a slight concussion.

The other people in the shop ran to help Rita. They turned the machine off and got her hair untangled. Rita was embarrassed. She knew that she'd shown bad judgment by not pinning her hair up. She also knew that she'd been very lucky—the situation could have been much worse.

LESSON #2

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: To show how assertiveness and refusal skills can help eliminate interpersonal conflict in the work place.

AOD Prevention: Demonstrate assertiveness and refusal skills. AOD: 5, 6

LESSON DIRECTIONS:

1. Introduction: Explanation—peer pressure can be either positive or negative. Basically it is the way your friends try to influence your decisions.

    a. Have students give examples of both positive and negative peer pressure.
    b. Emphasize that peer pressure is difficult for most of us to handle, especially when close friends are exerting the pressure.

2. Give handout to students entitled "10 Ways to Cope With Peer Pressure" and discuss.

3. Have students write a short description (anonymously)of a peer pressure situation that they have been in recently.

4. Collect and read aloud (anonymously) the descriptions. Students use input from #2 (10 Ways . . . Peer Pressure) to show how they would cope with the situation.

Time: 1 class period

Follow-up: Journal—for one week have students keep track of any peer pressure situations that they have been involved in and how they responded to them.

MODIFY FOR SPECIAL NEEDS STUDENTS: Students of lower ability may be paired with peer when writing out peer pressure situations. Highlight examples on handout "10 Ways to Cope . . . ."

MATERIALS NEEDED: Handout: "10 Ways to Cope With Peer Pressure"

TEACHER PREP: N/A

TEACHER BACKGROUND: N/A

## 10 WAYS TO COPE WITH PEER PRESSURE

1. Assertiveness: Being able to say no in a strong, convincing manner. "No, I don't drink."
2. Appeal to friendship: Tying your decision to your friendship with a peer. "If you really like me, you'll understand why I don't smoke."
3. Humor: Use humor to diffuse the situation. "No way, my mother didn't raise dumb kids."
4. Recruit a friend: Make an agreement with a friend who will be with you, that neither of you will give in to peer pressure. "No, Bart and I have both agreed not to drink tonight."
5. Excuses: Be sure that the excuse is accurate as it applies to health risk. "I'm sorry, I'm allergic to cigarette smoke."
6. Parents: Use parents to avoid behavior you are uncomfortable with. "I promised my dad when I came tonight that I wouldn't drink."
7. Say no, no, no: Say it as many times as necessary to as many people as necessary.
8. Agreement: Agree with whatever name or accusation they make. "You're right, I am a chicken but I'm not risking my health to use steroids."
9. Alternative: Suggest another alternative. "Rather than going to the kegger, let's rent some videos and hang out here."
10. Delay: This is one of the weakest but it can often work for a short time. "Not now, maybe later."

LESSON #3

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Examine issue of drug testing in the workplace; improve speaking and listening skills.

AOD Prevention: Predict how academic and work performance might be affected by tobacco, alcohol and other drug use. AOD: 3, 4, 8

LESSON DIRECTIONS:

1. Introduction: Introduce the idea of drug testing.
2. Round Table Discussion: Begin with the area of student drug testing such as random testing for high school athletes. Lead into issue of drug testing in the workplace (e.g., teachers, truck drivers, pilots, surgeons).

Time: 1 class period

Follow-up: See next lesson involving guest speakers from business and industry.

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: Locate a pro and con article/column on the issue of drug testing in the workplace (i.e., USA Today).

TEACHER PREP: Review protocol for round table discussions in classroom, emphasizing respect, listening skills, etc.

TEACHER BACKGROUND: N/A

LESSON #4

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Improve listening and speaking skills.

AOD Prevention: Understanding the attitudes of business and industry regarding drug/alcohol use in the workplace. AOD: 2, 3, 4, 8

LESSON DIRECTIONS:

1. Introduction: Review from previous round table discussion possible problems that can occur in the workplace as a result of drug use.
2. Introduce speakers who are personnel directors from local businesses and industries who have established drug and alcohol testing policies. Speakers will explain their policies.
3. Question and answer period.

Time: 1 class period

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED:

TEACHER PREP: Locate companies in your area that have established drug/alcohol testing policies and invite personnel directors to participate in panel discussion.

TEACHER BACKGROUND:

LESSON #5

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Provide students with strategies for coping with stress in the workplace.

AOD Prevention: Help students understand relationship between emotional stress and physical problems and provide students with strategies for dealing with stress other than using alcohol and drugs. AOD: 6

LESSON DIRECTIONS:

1. Write "stress" on overhead. Have students explain what the word means to them, what causes stress in their lives and how they deal with stress. (Possible definition for stress: tension brought on by sense of urgency or pressure.)

2. Explain that many times problems are a result of distorted thinking caused by stress. Explain that everyone has problems; in fact, problems are a normal part of life. But we have to learn to deal with those problems in a healthy way. The best way to cope is to keep our minds working clearly at all times by refusing to use alcohol and other drugs. Sometimes people believe that their problems are not as bad when they use drugs, but actually drug use makes problems worse by keeping people from facing the issues directly.

3. Explain "Listener/Speaker/Observer" handout. Divide class into groups of three and have each speaker give an example of a time they were under stress and how they dealt with it.

4. Closure: On an overhead have the three basic components of a relaxation exercise and discuss each:

   a. A quiet environment;
   b. A favorite method to keep your mind relaxed (it can be your favorite music, favorite daydream, etc.);
   c. A passive attitude toward distracting thoughts.

OR

Play soft music and have students practice relaxation exercises. You may want to turn down the lights. After the relaxation exercise, ask students:

a. How did this make you feel?
b. Do you feel different now than before?
c. When might you want to use a technique like this?

Time: 1 class period

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS: N/A

MATERIALS NEEDED: Handout: "Listener/Speaker/Observer"; tape player with appropriate soft music

TEACHER PREP:

TEACHER BACKGROUND:

## LISTENING-OBSERVING PRACTICE

SKILLS:

1. To improve the ability to listen to other people by perceiving nonverbal cues and attending to everything a person communicates beyond their words.
2. To appreciate the value and power of being a careful, skilled listener.

METHODS:

Form groups of three to practice verbal and nonverbal listening. These may or may not be people who know one another.

1. Speaker: One person starts by saying something he/she would like to change about himself. The speaker talks uninterrupted for 2 minutes.
2. Listener: The listener may not say anything until the speaker finishes Then the listener mirrors back verbally what the speaker said without using the same words but maintaining the meaning. If the listener does not mirror back correctly, she should continue to try until she meets the satisfaction of the speaker.
3. Observer: The third person reports what he observes of the speaker and the listener on a nonverbal level (e.g., facial expression, posture, eye contact, touching, gestures, spatial distance).

Then shift roles and repeat the process. Shift again until all have had a turn in the three roles.

Name ______________________________ Date ____________________

## TALKING—LISTENING—OBSERVING

## WORKSHEET

1. Which role was the most difficult for you (talking, listening or observing)? Why?

2. Which role was easiest? Why?

3. Did you learn anything about your strengths and weaknesses as a talker, listener or observer? What did you learn?

4. How did it feel to talk openly about a concern?

5. While you were talking, did the listener do something to make you feel more comfortable? If so, what?

6. As a listener did you find yourself giving advice or trying to solve their problems for them?

7. When you were the listener did you find that you had a similar life experience? Did this make it easier or harder to follow the speaker's conversation?

8. What would be the effects of interrupting the speaker's conversation?

9. Did you give advice? Do people usually give advice too soon?

10. As an observer, did you find it hard to just sit there and not say anything?

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Help develop self-esteem and awareness in preparation for employability in specific career choice. Understanding of self-worth in relation to career aspirations and satisfaction.

AOD Prevention: Identify qualities, characteristics, physical attributes, attitudes and beliefs that make each individual unique.

AOD: 1

LESSON DIRECTIONS:

1. Turn off the classroom lights and play a recording of Whitney Houston's hit song, "The Greatest Love of All." Have students close their eyes and listen to the words of the song.

2. Turn the lights on and give students a copy of the words to the song. Play the recording again and have students read along with their handout.

3. Lead a discussion using the following questions:

   a. According to Whitney Houston's song, what is the "greatest love of all"?
   b. Why is it important to love yourself?
   c. It is true "children are our future?" Why?
   d. Who does Whitney say must fulfill our dreams? Why?
   e. What does the song say about success and failure?
   f. What do each of us have that nobody can take from us?

4. Have students make a list of their own positive characteristics and share one or two with the class.

5. Have students write 10 different endings to the statement: "I feel good about myself because ____________ ________ ________."

Time: 1 period

Follow-up: N/A

MODIFY FOR SPECIAL NEEDS STUDENTS:

LESSON #6
Professional and Technical Education

| | |
|---|---|
| MATERIALS NEEDED: | Record or tape player; recording of Whitney Houston's "The Greatest Love of All;" words to "The Greatest Love of All" |
| TEACHER PREP: | Locate words to "The Greatest Love of All" and make up handouts. |
| TEACHER BACKGROUND: | |

LESSON #7

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Understand the relationship between self-esteem and career aspirations and satisfaction.

AOD Prevention: Recognize the role that parents play as models for self-esteem, health and behavior. AOD: 1

LESSON DIRECTIONS:

1. Discuss the ways in which parents influence their children. Point out that we learn many positive as well as many negative things from our parents. Ask for volunteers to give examples of both positive and negative habits or behaviors they have learned from their parents. We can always try to learn from others' mistakes as well as our own.

2. Ask students to pretend that they are parents and that their children look upon them as role models. What kinds of qualities would help make them good parents? What kinds of behavior and habits would be good for children to imitate? What behavior and habits are harmful? Why are they harmful? Would you want your child to imitate your bad habits or attitudes?

3. Distribute the handout "Ten Rules for Raising Irresponsible Adults." Have the students revise them to become "Ten Rules for Raising Responsible Adults." Point out to students that they will have to make judgments about how strongly to word the statements so as to find an appropriate balance between permissiveness and restrictiveness.

4. Go through the revised list with the class, discussing different versions written by different students. Use the discussion to emphasize that parenting requires continually making judgments and decisions.

Time: 1 period

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS: Students of lower ability might be paired with peers when revising rules (step 3).

LESSON #7
Professional and Technical Education

MATERIALS NEEDED:

1. Possible supplement material, ***Raising Self-Reliant Children in a Self-Indulgent World***, by Stephen Glenn.
2. Handout: "Ten Rules for Raising Irresponsible Adults."

TEACHER PREP:

TEACHER BACKGROUND:

## TEN RULES FOR RAISING IRRESPONSIBLE ADULTS

1. From infancy give the child everything he wants. In this way, he will grow up to believe that the world owes him a living.

2. When she picks up bad words, laugh at her. This will make her think she's cute.

3. Never give him any spiritual training. Wait until he is 21 and let him decide for himself.

4. Avoid use of the word "wrong." She may develop a guilt complex. This will condition her to believe later, when she is arrested for stealing a car, that society is against her, and that she is being persecuted.

5. Pick up everything he leaves lying around—books, shoes, clothing, etc. Do everything for him so he will be experienced in throwing all responsibility onto others.

6. Let her read any printed matter she can get her hands on. Be careful that the silverware and drinking glasses are sterilized, but let her mind feast on garbage.

7. Give the child all the spending money she wants. Never make her earn her own way. Why should she have things as tough as you had them?

8. Satisfy his every craving for food, drink, and comfort. See that his sensual desire is gratified. Denial may lead to harmful frustration.

9. Take her part against her neighbors, teachers, and policemen. They are all prejudiced against your child.

10. When he gets into real trouble, apologize for yourself by saying, "I never could do anything with him."

(Adapted from Texas Narcotics Officers Assoc., 1986, and the Police Dept. of Houston, TX)

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Recognize various techniques used in advertising.

AOD Prevention: Recognize techniques and effects of the media's presentation of tobacco, alcohol and other drug use. AOD: 9

LESSON DIRECTIONS:

1. Ask students to bring to class examples of advertisements for over-the-counter medicines, alcohol and tobacco products. Lead the class in discussing the subtle messages in ads such as the idea that coping with problems require chemicals, smoking makes one more attractive, and that having fun requires alcohol.
2. Divide the class into small groups. Have each group create an advertising campaign to promote chemical-free methods of coping with problems, and to refute the claims of alcohol and tobacco ads.
3. Have each group present their campaign to the class.

Time: 1 class—might need more than one class period to do this.

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS: Students of lower ability will be paired with peers in creating their ads.

MATERIALS NEEDED: Students will bring in examples of ads for alcohol, tobacco and drugs.

TEACHER PREP:

TEACHER BACKGROUND:

LESSON #9

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Develop skill in gathering information and use of media center.

AOD Prevention: Identify community and national hot lines. Identify community programs and resources that help people deal with drug-related problems. AOD: 3, 4, 7

LESSON DIRECTIONS:

1. Divide the class into small groups in the school library or media center. Instruct groups to use phone books, ***Reader's Guide***, reference books, computer software, etc., to create a list of organizations, agencies and services that assist people with alcohol and substance abuse problems. Explain that the list can include national, state and local agencies. Students will provide name, address and phone number of each organization.

2. Collect list and eliminate duplications. Have students select one organization about which to report. The report should contain information about the types of services offered (medical, counseling, group support), costs (free, sliding scales, insurance coverage), whether individuals and/or families can receive help, time available, etc.

3. Have each student make an oral and written presentation.

Time: 3-5 days

Follow-up: Reports could be compiled into a handout.

MODIFY FOR SPECIAL NEEDS STUDENTS: Lower-ability students can be paired with peers for written report.

MATERIALS NEEDED: Media center

TEACHER PREP: N/A

TEACHER BACKGROUND: N/A

LESSON #10

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Professional and Technical Education

LESSON OBJECTIVES:

Content Area: Gain understanding of various leadership and supervisory styles.

AOD Prevention: Identify the significance of role models and leaders as reflected in imitating and making choices regarding drug and alcohol issues. AOD: 6, 7, 8

LESSON DIRECTIONS:

1. Ask students what comes to their minds when you say "leader" and/or "supervisor." What qualities do they think a leader should have? Write ideas on the board.

2. Next, ask students to name some people they consider to be good leaders/supervisors and discuss their leadership qualities. Allow students to include people they know, world leaders, celebrities, etc.

3. Have students analyze a leader/supervisor they know, such as a parent, an officer in a school club, sports team leaders, church group leaders, etc., by answering the following questions.

    a. What positive characteristics does this leader/supervisor possess?
    b. Does he/she have any weaknesses? If so, what are they?
    c. How would you describe this person's leadership style.
    d. Is he/she pushy? Easy to get along with? Effective? Counter-productive? Strong?
    e. Would you be influenced by this leader's choices and values regarding alcohol and drug use?

4. Display the overhead "Leadership/Supervisory Styles" and discuss each style.

Time: 1 class

Follow-up: Examine how the advertising media uses leaders/celebrities to sell alcohol.

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: Overhead on "Leadership/Supervisory Styles"

TEACHER PREP:

TEACHER BACKGROUND:

## LEADERSHIP/SUPERVISORY STYLES

1. An AUTHORITARIAN leader:

   - makes all the decisions
   - gives orders to others

2. A DEMOCRATIC leader:

   - seeks to win the approval and support of the members
   - is usually very effective, efficient, and friendly

3. A LAISSEZ-FAIRE leader:

   - is permissive and easy-going
   - makes little effort to direct the group
   - does not offer advice unless asked
   - usually is the least productive and efficient leader of these three styles

LESSON #1

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

**GRADE LEVEL:** 9-12 **SUBJECT AREA:** Science (Biology)

**LESSON OBJECTIVES:** The Genetic Code

Content Area: Genetic information is coded by the sequence of nitrogenous bases. Changes in base sequence changes the message. CCG: 2.5, 2.9, 2.12, 2.13, 2.15, 5.1, 5.2, 5.5, 5.6, 7.3

AOD Prevention: Some drugs cause mutations; drug exposure increases the risk of cancer and other disease. AOD: 1, 6, 10

**LESSON DIRECTIONS:**

1. Briefly review the synthesis of cellular proteins. Be certain to review the relationship between the sequence on the DNA and the sequence of amino acids in a protein.
2. Distribute "Break the Code" handouts and allow students time (approximately 10-15 minutes) to work out the message. If the code is broken correctly, a sensible message emerges. NOTE: Be sure that all students have done the exercise correctly and have a sensible message.
3. Randomly assign students a type of mutation to perform on their strand of DNA:
    a. deletion of one nucleotide
    b. deletion of one codon
    c. breakage of DNA in the middle of the strand, resulting in a loss of the message after the point of the break
    d. deletion of the entire strand
4. These mutations will cause "nonsense" messages of varying degrees, or in the case of (d), no message at all. Group students according to the type of mutation, and ask them to briefly discuss their findings.
5. Allow each group to team up with another group to compare answers and ideas.

Time: 1-2 lessons, 45-55 minutes

Follow-up:

1. While still in small groups, distribute a follow-up question sheet and allow student to brainstorm for ideas.

   Follow up questions:

    a. What factors cause mutations?
    b. Where are mutagenic factors likely to be found?
    c. Describe some ways to avoid mutagenic factors.

   d. Why is a mutation in a cell of an embryo likely to be more significant than one in a cell of a child, adolescent or adult?
   e. If enough mutations occur in enough cells of your body, what are some possible consequences to your health?
   f. How can the number of mutations be reduced?

2. For further discussion, bring the group back together for large group discussion and sharing of ideas. Topics for discussion should include:

   a. The student-generated list of mutagenic factors. How many groups listed pollution? Or smoke?
   b. Cigarette smoke, marijuana smoke, and smokeless tobacco as mutagens.
   c. Second-hand smoke (passive smoking) as a mutagen.
   d. Development of cancer from these agents as related to the mutations on the DNA of cells.

3. Conduct a field trip to the American Cancer Society or the American Lung Association for additional information or invite a guest speaker from one of these groups.

4. Invite a representative from the Environmental Protection Agency to address substances that are environmentally hazardous. Many of the substances in tobacco and marijuana are on the toxic list published by the Agency.

5. Challenge students to develop and exchange codes that reveal alcohol and other drug prevention messages.

| | |
|---|---|
| MODIFY FOR SPECIAL NEEDS STUDENTS: | Write codes on 3x5 cards and attach by clipping to a string to make the complete DNA strand. Have students make a set of cards for the key and then match them to the DNA strand and then record the message. Mutations are then demonstrated by cutting the DNA strand and deciphering the new code. Review vocabulary, DNA, mutation, etc. |
| MATERIALS NEEDED: | Handout: "Break the Code" |
| TEACHER PREP: | Worksheets; 3 x 5 cards |
| TEACHER BACKGROUND: | DNA code, protein synthesis, mutagenesis, genetic effects of drugs |
| SOURCE: | "Drug Abuse and Drug Abuse Research," Second Triennial Report to Congress; U.S. Department of Health and Human Services; Health Biology; Biology Today (Holt) |

## SAMPLE WORKSHEET

## "BREAK THE CODE" HANDOUT

The following code represents a portion on a strand of DNA. This code, when correctly broken will translate into a message that makes sense. If a portion of the original code is missing or incorrectly interpreted, the message may become nonsense.

Use the alphabet translated below to crack the DNA code. Remember that, in the cell, the ribosome will "read" sets of three nucleotides at a time (codon) during the translation of the genetic material into a protein.

THE CODE:

GGUGCUCGGUGUCAGGCUCAGCGGCCUCAUAAUUGUGGGCAGAUGGCUUUAUGUCAGGCUCAGAAU
GGUCCUCAUAAUUGUGGGCAGAGAUGUCAGGAUUGGGCGCAACAGGAAUGGUGUUGUCCC

SPACE TO BREAK THE CODE:

SPACE TO BREAK THE CODE WITH A MUTATION:

KEY:

a = GCU b = AGA c = AAU d = GAU e = UGU f = GAA g = CAA h = GGU i = CAU

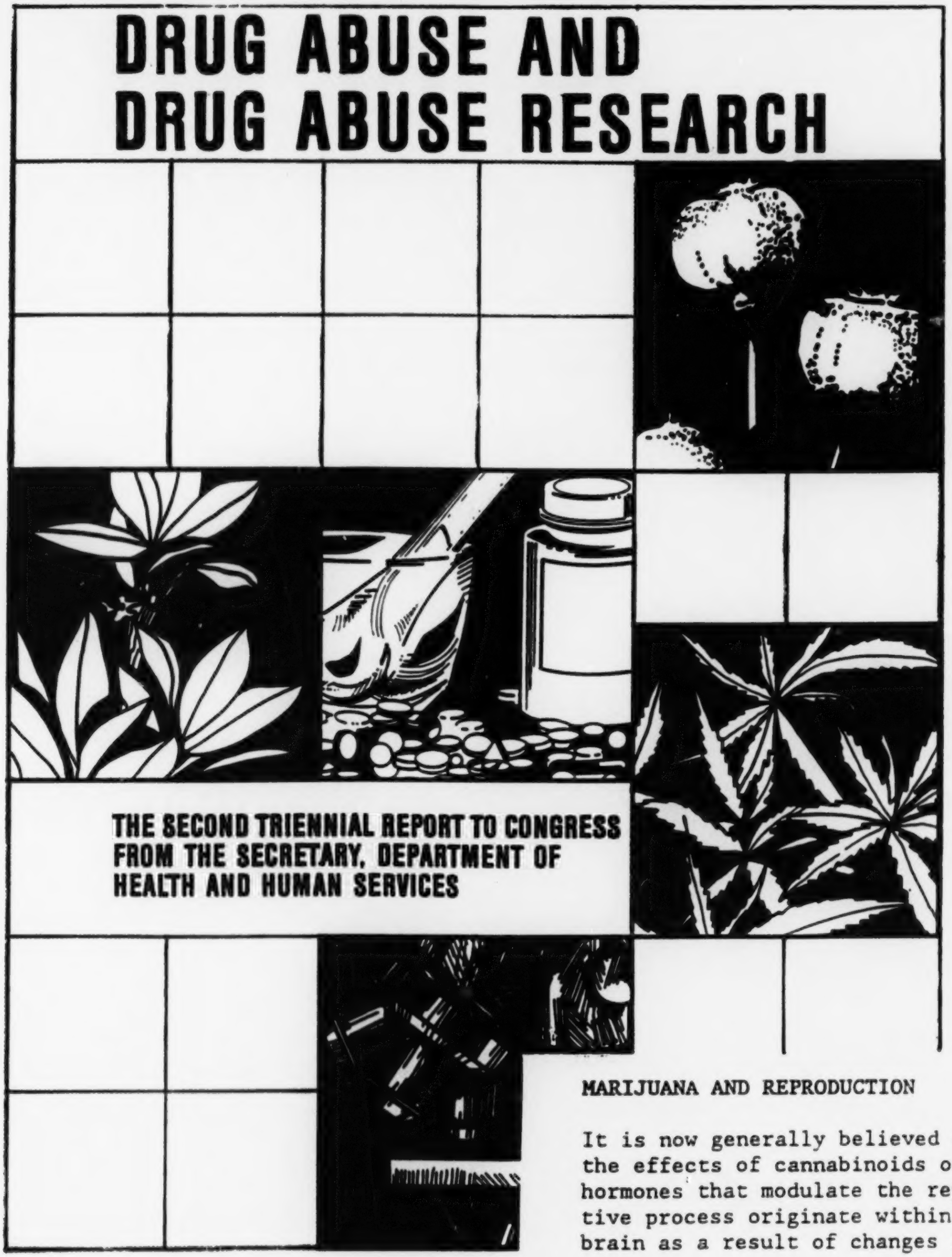
j = AUU k = UUA l = AAA m = AUG n = UUU o = CCU p = UCU q = ACU r = UGG

s = UAU t = GUU u = GCG v = CGG w = AAC x = GAC y = UGC z = GAG

space = CAG comma = GGG exclamation = CCC

THE TYPE OF MUTATION IN MY DNA STRAND IS:

LESSON #1
Science



# DRUG ABUSE AND DRUG ABUSE RESEARCH

THE SECOND TRIENNIAL REPORT TO CONGRESS FROM THE SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES

## MARIJUANA AND REPRODUCTION

It is now generally believed that the effects of cannabinoids on the hormones that modulate the reproductive process originate within the brain as a result of changes in such neurotransmitters as dopamine, norepinephrine, and serotonin. In monkeys these amines alter the secretion of the gonadotropin releasing factor (Tyrey 1984). A principal site of action of THC is in the hypothalamus where production of the gonadotropin releasing hormone is suppressed, which in turn inhibits the secretion of leutinizing hormone (LH), follicle stimulating hormone (FSH), and prolactin in the pituitary (Smith and Asch 1984). These changes also induce decreases in the female sex hormones, estrogen and progesterone, interfering with ovulation and other hormone related functions. When cannabis use is discontinued these effects are reversible. After chronic administration of the drug, tolerance to the reproductive effects of THC is observed. Therefore, THC has its greatest effect upon the non-human primate's reproductive functioning when use is first initiated. The impact of marijuana or THC on human females requires further study.

Regular marijuana use during at least two developmental phases can be detrimental: during fetal development and during adolescence. The fetal risks will be discussed later. The endocrine events associated with puberty are strongly dependent upon a properly functioning hypothalamic-pituitary axis.

As indicated, many of the endocrine effects caused by the chronic treatment of animals with THC are reversible or decrease as tolerance to the drug develops. Still, many questions remain regarding the long-term consequences of use, for example, on sperm formation, psychosexual maturation, and sex organ function. Until these and other issues are resolved, marijuana consumption by adolescents or males with marginal fertility poses uncertain reproductive hazards (Harclerode 1984).

The administration of THC to male mice for five days has resulted in a reduction of sperm production and in an increase in abnormal sperm forms. In addition, testicular and seminal vesicle weights were decreased compared to the control group. These finding are consistent with a decrease in gonadotropin releasing hormone in the hypothalamus with a subsequent decrease in LH and FSH and a secondary reduction of testosterone production (Harclerode 1984).

**Effects Upon Fetal Development**

Since the First Triennial Report additional information has accrued concerning the effects of maternal marijuana use upon fetal development. These effects are complicated by such other variables as nutrition, alcohol, tobacco, other drug use, socioeconomic status, etc., which also affect fetal health. In order to determine marijuana's effects, these variables must be equalized or controlled. Large numbers of mother/child pairs are necessary if disorders which are infrequent are to be studied.

Three studies have examined samples of sufficient size to adequately control for confounding effects. Hingston et al. (1982, 1984) studied 1,690 mother/child pairs. Marijuana in varying amounts was used by 234 mothers during pregnancy. Use was found to be associated with lower infant birth weight and length compared to non-users. Women who used marijuana less than three times a week delivered infants averaging 95 grams lighter, and those who used more than three times a week delivered babies which were 139 grams lighter than those of the non-using group. Maternal marijuana use was the strongest independent predictor of whether the infant having congenital features compatible with the fetal alcohol syndrome (FAS). It was a better predictor of the FAS than alcohol use.

Gibson et al. (1983) sampled 7,301 births for abnormal infant characteristics. Women who used marijuana during pregnancy were significantly more likely than non-users to deliver premature infants of low birth weight. The relationship of marijuana use to perinatal death did not achieve statistical significance, but was suggestive.

The largest study to date is that of Linn et al. (1983). Of 17,316 women who gave birth at the Boston Hospital for Women, 12,718 were interviewed to determine the impact of marijuana and other risk factors on their newborn offspring (table 2, table 3). Of the ten independent variables analyzed (which included tobacco and alcohol), marijuana use was the most highly predictive of congenital malformations.

Hingston et al. (1984) note that tobacco and marijuana smoking, and alcohol and other drug abuse frequently occur in the same women. Therefore, some of the adverse effects on fetal development attributed to maternal drinking or smoking may be due to an interaction with marijuana and other psychoactive substances. When a number of these toxic substances are consumed together, their toxic effects on the fetus may be additive.

From Downstate Medical Center in Brooklyn, Qazi, et al. (1985) reported on five infants of mothers who had smoked 2 to 14 joints of marijuana a day prior to and during pregnancy. All denied consuming alcohol or other psychoactive drugs with one exception, a mother who had consumed a pint of rum a week. Three of the five women smoked a pack or less of cigarettes a day during pregnancy. All of the infants had low birth weights, small head circumference, tremors at birth, abnormal epicanthic folds, posteriorly rotated ears, long philtrums (the groove on the upper lip), high arched palate, and abnormal palm creases -- all stigmata of FAS. Why do not all heavy marijuana smoking pregnant women have abnormal offspring? Morishima's work (1984) in mice indicates that about 5 percent of ova are damaged by THC exposure, and that the changes occur at a specific stage in meiosis. Further studies are being carried out to elucidate futher the effects of THC on the meiotic process in the mouse.

Gross malformations in human infants due to prenatal exposure to cannabis are not yet completely proven. In mice, major malformations occur following exposure to THC, cannabinol, and cannabidiol. Mice also have an increase in fetal deaths following maternal cannabinoid administration. Prenatal effects of cannabinoids reliably decrease birth weight in most animal species. However, when factors like drug-related maternal malnutrition and the residual effects of cannabinoids during the nursing period are eliminated, the fetal weight loss is not large (Abel 1985).

Infant rats given THC show damage to the hypothalamic cells that produce the gonadotropic releasing hormone. It is possible that this change is irreversible. Amounts of THC, in doses equivalent to the human use of 2.5 joints a day, disrupt the processing of sugars in the testes of young adult male rats.

Cannabinoid levels were found to be 2.5 to 6 times higher in maternal plasma than in umbilical cord plasma at time of delivery. Although the cannabinoids are certainly found in the human fetus, a partial protection may exist (Blackard and Tennes

Table 2. Percentage of selected pregnancy events, *delivery characteristics, and infant outcomes within categories* of marijuana usage during pregnancy

| Characteristics | Marijuana Usage | | | |
|---|---|---|---|---|
| | None | Occasional | Weekly | Daily |
| **Pregnancy Events** | | | | |
| Unplanned pregnancies | | | | |
| on contraception | 14.8 | 21.4 | 20.5 | 17.5 |
| no contraception | 23.3 | 35.5 | 38.4 | 48.2 |
| Bleeding in: | | | | |
| 1st trimester | 9.5 | 9.9 | 8.7 | 7.3 |
| 2nd trimester | 3.9 | 4.0 | 3.5 | 2.2 |
| 3rd trimester | 4.8 | 4.3 | 6.1 | 7.3 |
| Toxemia or eclampsia | 3.5 | 4.4 | 4.8 | 3.6 |
| Pre-admissions for false labor | 8.5 | 9.9 | 8.3 | 12.4 |
| Premature labor | 3.7 | 5.0 | 7.0 | 8.8 |
| **Delivery Characteristics** | | | | |
| Placenta abruptio | 1.1 | 1.6 | 2.2 | 2.9 |
| Premature rupture of membranes | 4.3 | 5.8 | 7.9 | 2.9 |
| Breech presentation | 4.3 | 4.7 | 4.4 | 2.9 |
| Placenta previa | 0.6 | 0.2 | 0.4 | 0.0 |
| Fetal distress | 3.1 | 4.2 | 3.1 | 5.1 |
| **Infant Outcomes** | | | | |
| Major malformations | 2.6 | 3.2 | 3.9 | 3.6 |
| Minor malformations | 6.2 | 7.8 | 5.2 | 5.1 |
| Birthweight <2500 grams | 7.6 | 9.8 | 13.5 | 11.7 |
| Gestation <37 weeks | 7.2 | 8.2 | 11.4 | 11.7 |
| Neonatal jaundice | 19.5 | 19.4 | 17.0 | 17.5 |
| Stillbirth | 0.6 | 0.6 | 1.3 | 1.5 |
| Neonatal infection | 1.0 | 1.0 | 2.2 | 2.9 |
| Special care nursery | 17.0 | 19.2 | 20.5 | 13.9 |
| 1 minute Apgar score less than 6 | 7.5 | 9.4 | 8.3 | 13.1 |
| Respiratory problems | 5.2 | 5.3 | 6.6 | 5.1 |

Source: Linn et al. 1983.

Note: Marijuana users were more likely than non-users to have had an unplanned pregnancy, premature labor, and abruptio placenta, and their children were more likely to have one or more major malformations.

1984). In another investigation (Tennes et al. 1985) no particular effects of maternal marijuana use upon the newborn were found except for a decrease in length and an increase in male infants delivered in the marijuana group.

Fried (1985) found that newborn nervous system alterations as measured by standardized techniques to indicate subtle qualitative and quantitative differences in behavior in babies born to regular maternal marijuana users apparently are not manifested by poorer performance on cognitive and motor tests after 1 1/2 and 2 years of age. Whether this means that neurological disturbances present at birth are transient, or whether the tests used at 1 1/2 to 2 years of age are less

Table 3. Major malformations among newborns of marijuana users and non-users

| | Marijuana Usage | | | |
|---|---|---|---|---|
| | 11,178 Non-Users | | 1,246 Users | |
| Malformation (type of system) | Number of Malformations | Rate per 1000 | Number of Malformations | Rate per 1000 |
| Congenital heart disease | 26 | 2.3 | 7 | 5.6 |
| Hypospadias | 47 | 4.2 | 7 | 5.6 |
| Clubfoot | 41 | 3.7 | 6 | 4.8 |
| Upper alimentary tract | 13 | 1.2 | 3 | 2.4 |
| Respiratory tract | 6 | 0.5 | 3 | 2.4 |
| Genital | 3 | 0.3 | 2 | 1.6 |
| Face, neck, and ear | 15 | 1.3 | 2 | 1.6 |
| Spina bifida | 5 | 0.5 | 2 | 1.6 |
| Hydrocephalus | 6 | 0.5 | 2 | 1.6 |
| All other malformations | 132 | 11.7 | 8 | 6.7 |
| Total major malformations | 294 | 26.3 | 42 | 33.7 |

Source: Linn et al. 1983.

sensitive to marijuana-related effects is unknown.

## IMMUNE STATUS

Although additional information regarding posssible reductions in immune responsivity has become available, the evidence that marijuana smoking in humans decreases resistance to infection remains inconclusive. The question is of particular importance since THC is sometimes used to reduce nausea resulting from cancer chemotherapy. Since cancer chemotherapeutic chemicals are themselves severely immunosuppressive, any additional THC-induced immunosuppression would be very undesirable.

THC does decrease host resistance to herpes simplex virus, type 2, in the guinea pig. This occurs in a dose-related fashion using amounts equivalent to human consumption levels (Cabral et al. 1985). THC also appears to inhibit both B- and T-lymphocyte production, especially the former. Other preliminary reports suggest that THC modifies lymphocyte membranes and prostaglandin production *in vitro*. It should be recalled that AIDS is caused by a destruction of T4 lymphocytes. One *in vitro* study has shown that small doses of THC resulted in marked inhibition of macrophage spreading and phagocytosis (Lopez-Cepero et al., in press). If confirmed in animals or humans, a further mechanism of immune inhibition might be established.

LESSON #2

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Science (Biology, Organic, Biochemistry, AP Biology, Applied Chemistry)

LESSON OBJECTIVES:

|  |  |  |
|---|---|---|
| Content Area: | Factors that affect enzyme activity. | CCG: 1.2, 1.13, 2.1, 2.5, 2.9, 2.11, 2.12, 2.13, 5.3, 5.5, 5.6, 7.3 |
| AOD Prevention: | Alcohol and organic solvents cause damage by denaturing enzymes. | AOD: 1, 6, 10 |

LESSON DIRECTIONS: For each student team of four:

1. Label test tubes 1-10.
2. Pipette two ml of liver extract in tubes 1-6 and 2 ml of egg white in tubes 7-10.
3. Place tubes 1 and 7 in a beaker of boiling water for 2 minutes.
4. Place tube 2 in ice for 2 minutes.
5. Let tube 3 stand at room temperature for 2 minutes.
6. Add 2 ml of 95% ethanol to tubes 4 and 8 and let stand for 2 minutes.
7. Add 2 ml of 1% lead nitrate to tubes 5 and 9 and let stand for 2 minutes.
8. Add 2 ml of xylene to tubes 6 and 10 and let stand for 2 minutes.
9. After tubes 1-6 have been exposed to their respective conditions for 2 minutes, add 2 ml 3% hydrogen peroxide and mark the level to which the foam rises on the side of the tube. Measure and record the distance from the surface of the solution to the mark in centimeters.

| | CONTENTS | CONDITION | TEST | BUBBLE HT. (CM) |
|---|---|---|---|---|
| Tube 1 | Extract | Boiling | $H_20_2$ | |
| Tube 2 | Extract | Ice | $H_20_2$ | |
| Tube 3 | Extract | 24 Degrees | $H_20_2$ | |
| Tube 4 | Extract | 2 ml Ethanol | $H_20_2$ | |
| Tube 5 | Extract | Lead Nitrate | $H_20_2$ | |
| Tube 6 | Extract | Xylene | $H_20_2$ | |
| Tube 7 | Egg White | Boiling | DESCRIPTION | |
| Tube 8 | Egg White | 2 ml Ethanol | | |
| Tube 9 | Egg White | Lead Nitrate | | |
| Tube 10 | Egg White | Xylene | | |

ANALYSIS:

1. Which variable was tested in tubes 1, 2, 3 and 7?
2. According to the results of tube 7, what is the effect of boiling on proteins?
3. Explain the results of tube 1.
4. Compare the results of tubes 4 and 8. What is the effect of alcohol on protein solubility and shape? How did this affect the enzyme activity of the liver enzyme?
5. How does the presence of lead ions affect the egg protein?
6. How did lead ions affect the liver enzyme activity?

7. Compare the results of tubes 6 and 10. What is the affect of volatile organic solvents like xylene on proteins and enzyme activity?

8. List sources in your environment that might expose you to the chemicals in this investigation. How might you avoid the ill effects of exposure to these substances?

9. Write a paragraph summarizing the affects of alcohol, lead, and volatile organic compounds on proteins and enzymes. Suggest a mechanism for the harm they cause to the human body in light of the results of this investigation.

Time: 50 minutes

Follow-up: Compare group results in a large group meeting. Discuss the affects of variables on enzyme and protein shape and activity. Make a bar graph of height of foam for tubes 1-6. Compare results with that with egg white to demonstrate the effect on protein structure. Look up environmental sources of heavy metal pollution, organic solvents, and alcohol exposure.

MODIFY FOR SPECIAL NEEDS STUDENTS: Test temperature and alcohol only in middle school or perform as a demonstration. Discuss implications of the results.

MATERIALS NEEDED: (per teams of four) 3% Hydrogen peroxide, 25 ml liver extract, 10 ml egg white, 5 ml 95% ethanol, 5 ml 1% lead nitrate, 5 ml xylene, china marker, two 400 ml beakers, hot plate, ice, 10 test tubes of equal volume and diameter, test tube rack, two 5 ml pipettes, two pipette pumps. Medicine droppers can be substituted for 5 ml pipettes as one dropper delivers 1 ml per filling.

TEACHER PREP: Liver extract for 10 groups: Place a 3 $cm^3$ cube of liver in a blender. Add 150 ml 5% cold sucrose solution. Grind on high speed for one minute. Filter through cheese cloth. Put out 15 ml in a flask in an ice bath for each group.

Lead Nitrate: Dissolve 0.75 gm. of lead nitrate in 75 ml of tap water.

TEACHER BACKGROUND: Heat, high salt concentration, extremes in pH, heavy metal ions, and some organic solvents are among conditions that reduce or stop enzyme activity by changing the tertiary structure and destroying the active site of the enzyme. This denaturing affect can be readily demonstrated by exposing egg albumin to the same conditions as the enzyme extract and observing that boiling, lead, ethanol, and xylene cause the albumin to precipitate. These substances irreversibly denature the enzyme and destroy its activity. In this experiment, ethanol will reduce the enzyme activity by about 50% while lead, xylene and boiling will show negligible enzyme activity.

Catalase decomposes hydrogen peroxide by removing the extra oxygen atom forming oxygen gas and water. The enzyme activity can be measured by determining the volume of oxygen liberated. If test tubes of equal diameter and volume are used, the volume can be estimated by marking the height that the bubbles rise after the hydrogen peroxide is added. This height gives a quantitative estimate of the volume of gas produced and is a convenient means of comparing the effects of different variables on enzyme activity.

SOURCE:

West, et al: ***Textbook of Biochemistry***, Macmillan Company, New York, New York, 1966.

Biological Sciences Curriculum Study: ***Biological Science—An Ecological Approach***, 4th ed., Rand McNally, Chicago, Ill, 1978.

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Science (Biology)

LESSON OBJECTIVES: Explain the physiological and psychological effects of tobacco, alcohol, and other drugs.

Content Area: Brain function CCG: 1.1, 2.5, 2.9, 2.12, 2.15, 5.5, 7.3

AOD Prevention: Drugs work on different areas of the brain. There are adverse consequences to exposure to chemicals. AOD: 1, 5, 6, 7, 10

LESSON DIRECTIONS: Divide the class into groups and assign each group one of the following areas of the brain:

- brainstem
- thalamus
- hypothalamus
- cerebellum
- cerebrum
- limbic system

Have each group research the structure and function of the specific brain area assigned. When research is complete, restructure the groups so that each one contains a member representing each part of the brain. Have each group member explain the structure and function of his or her part of the brain and its relationship to the other parts of the brain.

Next, assign each group one of the following drug categories:

- barbituates
- tranquilizers
- inhalants
- alcohol
- marijuana
- amphetamines

Have the group work together as a "brain" to determine how each different part of the brain would react to this drug. When research is finished and the group has agreed on a conclusion, have one group member give an oral report on what their group learned.

Time: 2 class periods

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS: Review and practice vocabulary. Each group draw their part of the brain. Second group make a composite brain drawing and list drug actions on the various brain structures

## LESSON #3
### Science

**MATERIALS NEEDED:** Text and reference for functions of brain ports and drug actions (e.g., Human Anatomy, Physical Solomon, Schmidt and Adragna or John Hole).

**TEACHER PREP:**

**TEACHER BACKGROUND:** Function of brain structures and actions of drugs on the various parts.

**SOURCE:** Drug Curriculum Education Senior High, Bureau of Health and Drug Education Services, Albany, NY.

Teacher Resource

## SOME DRUGS AND THEIR EFFECTS

| | |
|---|---|
| LSD | Hallucinogenic drug closely related to ergot alkaloids. Subjects who ingest a few milligrams of LSD develop visual or sometimes auditory hallucinations. The body may be perceived as distorted. Arms may appear to extend a great distance. The person may become fearful and irrational. |
| Mescaline | Obtained from the cactus known as peyote or mescal. Used by certain tribes of Indians in religious ceremonies. Persons who have ingested dried Peyote "buttons" report that they experience stupor with visual hallucinations. Colored lights, reported to be extremely beautiful, are the most striking feature of these hallucinations. |
| Cocaine | A local anesthetic, vasoconstrictor, and powerful central nervous system stimulant. It occurs naturally in the leaves of the coca plant Enythroxylm coca. Euphoric excitement is rapidly produced when cocaine is sniffed ("snorted"). Grandiose feelings of mental and physical powers may cause users to overestimate their capabilities. Acute toxicity from excessive dose is characterized by extreme agitation, restlessness, confusion, blurred vision, and tremors. |
| Caffeine | The stimulant most widely consumed by the public. A cup of coffee may contain 50-150 mg of the alkaloid, whereas cola drinks have from 35 to 55 mg. A clinical dose for adults is 100-200 mg. Caffeine stimulates the cerebral cortex and medullary centers. In ordinary dose it causes wakefulness, increases mental alertness, and decreases response time for simple tasks. |
| Marijuana | Possesses properties of a sedative, euphoriant, and hallucinogen. Short-term effects include impaired brain function, increased heart rate, and decreased blood supply to the heart. Marijuana impairs the function of reproductive glands and hormones, damages the respiratory system, and retards social and emotional growth. |
| Alcohol | Pure ethyl alcohol is recognized as a drug by the U.S. Pharmacopea. It enters the bloodstream quickly from the stomach and the small intestine. It is converted to acetaldehyde by the liver, where it causes changes. Alcohol affects the central nervous system, increasing heart rate, dilating blood vessels, and lowering blood pressure. Even in small amounts, alcohol affects behavior and judgment. |
| Nicotine | Nicotine is an alkaloid in tobacco, commonly believed to be responsible for dependence. It first stimulates then depresses the nervous system. It stimulates the cardiovascular system, causing increases in heart rate and blood pressure. It increases oxygen requirements of the heart muscle, but not the supply. |
| Inhalants | Inhalants or volatile solvents are a very diverse group which includes glue, nitrous oxide, paint thinner, liquid paper, and gasoline. The effects include delirium and sedation. Inhalants can cause lung and brain damage. |

LESSON #3b
Science

## INFLUENCING FACTORS

Factors that influence the affects of alcohol on the body.

- How much a person drinks — The more drinks a person has, the more alcohol enters the body, thus the person will feel more of the affects of alcohol.
- How fast a person drinks — The faster a person consumes alcohol or the more a person drinks in a short period of time, the greater the affect of the alcohol on the body.
- How much a person weighs — A heavy person has more blood and water in the body, thus diluting the alcohol. The lighter or smaller person is likely to feel the affects of alcohol sooner and with fewer drinks than the heavier person.
- How much drinking a person has done in the past — The body builds up a tolerance to alcohol and thus more alcohol is needed to feel the affects.
- How much food a person has eaten — Food in the stomach slows the affects of alcohol on the body.
- Drinking will do what the person wants or believes it will do. If a person believes that drinking alcohol will depress him or her, then it probably will.
- How a person feels when he or she is drinking — The drinker's mood makes a difference.

LESSON #4

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-10 (12)

SUBJECT AREA: Science (Chemistry, Biology, General Science, Health)

LESSON OBJECTIVES: Upon completion of this activity, the students shall:

Content Area:

Science:

1. Investigate the proper "safety technique" for handling hazardous chemicals in the science lab.
2. Appreciate the physiological hazards associated with inhaling volatile solvents.

CCG: Science: 1.2., 1.4, 1.17, 1.25, 2.1, 2.2, 2.3, 2.12, 6.2, 6.4 Health: 1A, 1B, 1C, 1D, 1E, 1F, 1H, 1I

AOD Prevention:

1. Realize the dangers of incidental inhaling of volatiles in school, home, and the workplace.
2. Develop awareness of the dangers involved in voluntary inhalation of volatiles.

AOD: 2, 3, 4, 7, 9, 10

LESSON DIRECTIONS:

1. Arrange the position of the demo to allow students observation of the actions and a clock at the same time.

2. Note the starting time of each individual demo, and have the students record the time of their first detection of each solvent:

   a. Spray a burst of hair spray.
   b. Open the bottle of polish remover (set it up front).
   c. Open the bottle of perfume (set it in the rear).
   d. Place the rubbing alcohol in the hot water bath.

3. During the process of students' timing and recording the detection of odors, demonstrate the following:

   a. Proper techniques for "wafting" vapors in a lab sample.
   b. The three states of matter and how they are affected by energy, evaporation, sublimation, and condensation.
   c. The proper procedure for warming volatiles—water bath vs. direct flame.
   d. The role of the vent hood in chemistry lab work.

4. Following a maximum of ten minutes, CAP ALL VOLATILES and do a multi-colored map of the diffusion of the volatiles in the room. Compare times and distances, and connect diffusion gradients for each chemical.

Time: 50 minutes

Follow-up:

1. Break students into lab study groups (3-4) and have them interact with the following:
    a. Use all these words in a story: evaporation, condensation, fuels, solvents, lungs, blood, osmosis, distance, concentration.
    b. Make a list of "smelly" chemicals that occur in each of the following places:
        - school
        - home
        - workplace
    c. Using the charts accompanying this lab (some drugs and their effects), develop a list of hazardous impacts that volatile chemicals have on humans. Offer suggestions that might help us avoid these hazards.
    d. Have students share these ideas with the groups by oral report or "jigsaw puzzle" rotations.

MODIFY FOR SPECIAL NEEDS STUDENTS: For lower-level students or classrooms without lab ventilation, use chemicals with lesser toxicity, such as ammonia, furniture polish, etc. For handicapped learners, avoid the Latin/scientific terms.

MATERIALS NEEDED: Hair spray, fingernail polish remover, rubbing alcohol, perfume, test tubes, fume hood, Bunsen burner/water bath, watch glass

TEACHER PREP: Teacher should prepare for this lesson by reviewing:

1. Standard Lab Safety Manual (in almost any chemistry/biology manuals).
2. States of matter, evaporation, condensation and diffusion.
3. The common logic that is involved in breathing mechanisms. "If we can smell it, it is also going into our lungs . . . and whether we breathe it or drink it, the chemical is getting into our bloodstream."

TEACHER BACKGROUND: This lab/demo should not be performed in a room with poor ventilation. Run the vent fans, fume hoods, or whatever device available to remove volatile vapors. Remember that the objectives of this lesson include prevention of inhaling harmful vapors.

SOURCE: Texas "Drug-Free State" materials, Some Drugs and Their Effects.

Arms and Camp, ***Biology***, Saunders College Publishing, New York, pages 772-774.

Teacher Resource

## SOME DRUGS AND THEIR EFFECTS

| | |
|---|---|
| LSD | Hallucinogenic drug closely related to ergot alkaloids. Subjects who ingest a few milligrams of LSD develop visual or sometimes auditory hallucinations. The body may be perceived as distorted. Arms may appear to extend a great distance. The person may become fearful and irrational. |
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| Cocaine | A local anesthetic, vasoconstrictor, and powerful central nervous system stimulant. It occurs naturally in the leaves of the coca plant Enythroxylm coca. Euphoric excitement is rapidly produced when cocaine is sniffed ("snorted"). Grandiose feelings of mental and physical powers may cause users to overestimate their capabilities. Acute toxicity from excessive dose is characterized by extreme agitation, restlessness, confusion, blurred vision, and tremors. |
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| Alcohol | Pure ethyl alcohol is recognized as a drug by the U.S. Pharmacopea. It enters the bloodstream quickly from the stomach and the small intestine. It is converted to acetaldehyde by the liver, where it causes changes. Alcohol affects the central nervous system, increasing heart rate, dilating blood vessels, and lowering blood pressure. Even in small amounts, alcohol affects behavior and judgment. |
| Nicotine | Nicotine is an alkaloid in tobacco, commonly believed to be responsible for dependence. It first stimulates then depresses the nervous system. It stimulates the cardiovascular system, causing increases in heart rate and blood pressure. It increases oxygen requirements of the heart muscle, but not the supply. |
| Inhalants | Inhalants or volatile solvents are a very diverse group which includes glue, nitrous oxide, paint thinner, liquid paper, and gasoline. The effects include delirium and sedation. Inhalants can cause lung and brain damage. |

## DRUGS AND THE BRAIN

The synapse offers an ideal point for the use of drugs to intervene and regulate the nervous system. Many drugs affect the nervous system, but we understand the actions of only a few (see next page).

Opium, from the seeds of a poppy, has been used as a drug since classical Greek times, not only because it is the most effective pain-killer ever discovered but also because of the euphoric state it induces. Opiates were used as pain-killers in the Civil War in the United States, and addiction to opiates has been a social problem in the United States ever since. The search for a nonaddictive opiate has been intense, but all the opium derivatives ever produced—including morphine, Demerol, methadone, codeine, and heroin—eventually produce addiction in many people who take them. Opiates bind to postsynaptic receptors in the brain and block the binding of neurotransmitters. This prevents the transmission of nervous impulses along a tract of nerves by which the body normally "tells" the brain that it is in pain. (Pain is a useful biological reaction, for when the brain is informed that some part of the body is in pain, perhaps from a cut or burn, it causes the body to move away from the source of damage.)

Drugs such as LSD, psilocybin, mescaline, yohimbine, and barbiturates all act on synapses in the brain. Some of them produce hallucinations in ways that are not yet understood. The action of amphetamines (Benzadrine, Dexedrine, and "speed") is more easily understood. Like Sevin and other insecticides, they prevent the normal disappearance of transmitter molecules from synapses, so that the synapses continue to fire long after they would otherwise have stopped. As with the insecticides, overdoses are fatal.

The affects of alcohol on the nervous system are poorly understood. Studies have linked it to a decrease in the affects of serotonin, and to enhancement of the action of y-aminobutyric acid, the neurotransmitter that helps relieve anxiety. Alcohol also kills neurons faster than they would otherwise die—at the rate of about 10,000 per ounce of alcohol consumed. This probably accounts for the mental deterioration seen in some alcoholics.

Drug-taking by humans has parallels among the other animals. Animals as different as birds, rabbits, deer, and elephants have been observed to seek out and eat such things as fermented fruit (containing alcohol) or intoxicating mushrooms. However, most animals do not become addicted to such substances.

| | | |
|---|---|---|
| Inhibits manufacture of neurotransmitter | Hemicholinium (blocks neuron's uptake of choline to make acetylcholine) | Alphamethylparatyrosine (AMPT) (a sedative)<br>Disulfiram (used as an antioxidant in the rubber industry; used as a drug to treat alcoholics, since violent illness ensues when alcohol is consumed after ingestion of the drug) |
| Decreases stores of neurotransmitter | | Reserpine (sedative or depressant, used for epilepsy or hypertension)<br>Tetrabenazine (blocks storage of neurotransmitter in vesicles) |
| Decreases level of molecules that deactivate neurotransmitter | Diisopropyl fluorophosphate (insecticide; chemical warfare; applied locally to treat Glaucoma)<br>Physostigmine<br>Neostigmine (used in treating myasthenia gravis, where more muscular stimulation is required; antidote for atropine poisoning) | Iproniazid (antidepressant; once used to treat tuberculois, now only occasionally for psychotic depression)<br>Nialamide (antidepressant) |
| Enhances release of neurotransmitter | Botulin toxin (botulism poisoning) | Cocaine |
| Inhibits release of neurotransmitter | | Amphetamine (CNS stimulant) |
| Activates receptor site | Pilocarpine (from a plant; mimics acetylcholine at most sites)<br>Carbachol (mimics acetylcholine at most sites)<br>Muscarine (from fly agaric, a mushroom; at synapses with smooth* and cardiac* muscle, glands, some CNS sites)<br>Nicotine (from tobacco; at synapses with skeletal muscle,* some CNS sites not affected by muscarine) | Alphahydroxybutyrate<br>Norepinephrine, epinephrine<br>Isoproterenol (inhaled as treatment for asthma; stimulates heart, relaxes bronchial tubes, dilates blood vessels to skeletal muscles)<br>Mescaline (norepinephrine and dopamine) |
| Blocks receptor sites | Atropine (from some plants, e.g., deadly nightshade; with artificial respiration, is antidote for anticholinesterase* poisoning; works at synapses between neurons and effectors)<br>Scopolamine (found in many atropine-producing plants; with morphine, induces "twilight sleep" for childbirth)<br>Curare (used in poisoned darts, and in research to immobilize animals while leaving physiology intact; works at skeletal muscles) | Phentolamine (used in behavior research; blocks epinephrine sites responsible for constriction of blood vessels, thus blocking rise in blood pressure)<br>Phenothiazines (decrease schizophrenia symptoms by blocking dopamine receptors)<br>Propranolol (used in research, not clinically)<br>Chlorpromazine (used to treat schizophrenia or bad drug trips)<br>Haloperidol |
| Inhibits resorption of neurotransmitter (by catecholamine-releasing presynaptic membrane) | | Imipramine (antidepressant, drug of choice)<br>Nortriptyline<br>Cocaine (CNS stimulant)<br>Amphetamine |

Many familiar drugs, such as caffeine, LSD, morphine, amphetamine, and marijuana, have more generalized effects, and in most cases their exact mode of action is not well understood.

- * Catecholamines: A group of chemicals containing an amine group; includes epinephrine, norepinephrine, dopamine
- * Smooth muscle: The type of muscle that lines the walls of internal organs (e.g., digestive tract, blood vessels).
- * Cardiac muscle: The type of muscle that makes up the vertebrate heart.
- * Skeletal muscle: The type of muscle that moves parts of the skeleton (e.g., muscles of legs, back).
- * Anticholinesterase: Agent that blocks the affect of acetylcholinesterase.

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Science (Biology/Health)

LESSON OBJECTIVES: Upon completion of this activity, students shall:

Content Area:

Biology:

1. Appreciate the role of the reflex arc in simple physical activity.
2. Recognize that eye-foot reactions differ from local leg-foot reflexes.

CCG:
Science: 1.0, 1.2, 1.11, 1.20, 2.15 4.4
Health: 1E, 1F, 1H, 1I, 1J, 1K

AOD Prevention: Identify the implications of the reflex arc upon daily activities. Analyze the impact of AOD upon activities that determine personal and workplace safety.

AOD: 2, 3, 4, 10

LESSON DIRECTIONS: Since the driver-trainer reaction timer is a single station machine, this activity is best completed as a demo, or integrated into a multiple station lab.

1. Test and record subject A's reaction time as he/she responds to the flashing light by depressing the brake pedal. Repeat this procedure ten times and calculate the average reaction times to the nearest 1/10 second. (NOTE: The light flash and timer clock are activated by a teacher-held remote control.)
2. Repeat step 1, but the teacher masks the light with tape and activates the timer by touching the subject's leg with the remote switch. (Cue the subject to depress the brake pedal when they feel the pressure of the switch.)
3. Chart the results of 1 and 2, and compare the reaction times.

Time: 40 minutes

Follow-up:

1. Analyze the differences in reaction times through general class discussion. (HINTS: The eye-foot reaction time must involve eye, optic chiasma, occipital lobe, motor association, mid-brain, and spinal cord neural pathways. The leg-foot response involves only the sensory, motor, and association neural pathways of the leg and spinal cord.)
2. Form small groups (3-4) and study the handout on "Some Drugs and Their Effects." Have each group identify the impact of AODs upon:

a. Reflex action in general.
b. Specific daily activities.
c. Activities involving life threatening situations (i.e., driving).
d. Efficiency/safety in the workplace.

MODIFY FOR SPECIAL NEEDS STUDENTS: This activity can be modified to any grade level that can understand lapsed time, and can predict that a practiced activity produces better performance.

MATERIALS NEEDED: Driver-trainer reaction time machine. (If not available in your school, contact your local ESD.)

TEACHER PREP: Teacher should obtain the reaction time machine and practice its use and accompanying operation.

TEACHER BACKGROUND: Review neuron function and the role of neurons, synapses, and conditioning in the development of reflexes.

SOURCE: Texas "Drug-Free State" materials, Some Drugs and Their Effects.

Arms and Camp, ***Biology***, Saunders College Publishing, New York, pages 772-774.

Teacher Resource

## SOME DRUGS AND THEIR EFFECTS

| | |
|---|---|
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| Nicotine | Nicotine is an alkaloid in tobacco, commonly believed to be responsible for dependence. It first stimulates then depresses the nervous system. It stimulates the cardiovascular system, causing increases in heart rate and blood pressure. It increases oxygen requirements of the heart muscle, but not the supply. |
| Inhalants | Inhalants or volatile solvents are a very diverse group which includes glue, nitrous oxide, paint thinner, liquid paper, and gasoline. The effects include delirium and sedation. Inhalants can cause lung and brain damage. |

LESSON #6

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

**GRADE LEVEL:** 9-12 **SUBJECT AREA:** Science (Health)

**LESSON OBJECTIVES:** Upon completion of this activity, students shall:

Content Area:

Biology:

1. Appreciate the role of the reflex arc in simple physical activity.
2. Analyze internal and external factors that impact the reflex arc.

CCG:
Science: 1.0, 1.2 1.11, 1.20, 2.15, 4.4
Health: 1E, 1F, 1J, 1K

AOD Prevention:

Identified the impact of various AOD on daily activities. Analyze the impact of AOD on activity in "the workplace."

AOD: 2, 3, 4, 10

**LESSON DIRECTIONS:** Title: "Measuring Slap Reflexes"

1. Procedures:

   a. Subject "A" sits, facing Subject "B."
   b. Subject "A" extends hands (palms up) to Subject "B."
   c. Subject "B" places hands (palms down) over Subject "A" hands with very light skin contact.
   d. Subject "A" tries to slap the tops of Subject "B's" hands. Repeat ten attempts, record success results. Switch roles and repeat.

2. Procedures:

   a. Repeat procedures above, except this time do not allow the fingers to touch prior to the slapping attempt.
   b. Record the results of both Subject A and B.

3. Procedure:

   a. Compare the results of procedures 1 and 2. Record the number of successful attempts (i.e., 6/10, 4/10, etc.).

Time: 25-40 minutes

Follow-up: Students complete the following analysis:

1. Why would there be differences in the success rates between procedures 1 and 2?

2. Develop a sketch that would illustrate the pathways of the reflex arcs in both procedures 1 and 2.

3. Read the accompanying handout, Some Drugs and Their Effects. Apply the information to the following activities:

   Split the class into small groups of 3-4 students each. Assign or select three drugs from the handout for each group. Have the students explore the impacts of the drugs on the nervous system and report to the class on the following:

   a. How might each of the three drugs impact the results of procedures 1 and 2 in today's lab?
   b. Make a list of our daily activities that might be affected by use of these three drugs.
   c. Explain how use of these three drugs might impact the efficiency of a person in the workplace. (Be very specific in naming activities.)
   d. Why would the owners of a business want to initiate a drug testing program for screening potential employees?

MODIFY FOR SPECIAL NEEDS STUDENTS: This activity could easily apply to grades 3-6. However, because of the raucous behavior that might result from the "slapping" activity, it is suggested that the procedures be completed as a class demo.

MATERIALS NEEDED: Charting paper, pencils; handout: "Some Drugs and Their Effects."

TEACHER PREP: Review the role of sensory and motor neurons, dendrites, axons, and synapses in the reflex arc concept.

TEACHER BACKGROUND: This activity utilizes cooperative learning/seminar techniques, with possibility of "jigsaw" analysis. Review or investigate these processes to accentuate student involvement in this activity. Research support and increased impact on student behavior modification when the student experiences knowledge through self-directed problem solving.

SOURCE: Texas "Drug-Free State" materials, Some Drugs and Their Effects.

Arms and Camp, ***Biology***, Saunders College Publishing, New York, pages 772-774.

Teacher Resource

## SOME DRUGS AND THEIR EFFECTS

| | |
|---|---|
| LSD | Hallucinogenic drug closely related to ergot alkaloids. Subjects who ingest a few milligrams of LSD develop visual or sometimes auditory hallucinations. The body may be perceived as distorted. Arms may appear to extend a great distance. The person may become fearful and irrational. |
| Mescaline | Obtained from the cactus known as peyote or mescal. Used by certain tribes of Indians in religious ceremonies. Persons who have ingested dried Peyote "buttons" report that they experience stupor with visual hallucinations. Colored lights, reported to be extremely beautiful, are the most striking feature of these hallucinations. |
| Cocaine | A local anesthetic, vasoconstrictor, and powerful central nervous system stimulant. It occurs naturally in the leaves of the coca plant Enythroxylm coca. Euphoric excitement is rapidly produced when cocaine is sniffed ("snorted"). Grandiose feelings of mental and physical powers may cause users to overestimate their capabilities. Acute toxicity from excessive dose is characterized by extreme agitation, restlessness, confusion, blurred vision, and tremors. |
| Caffeine | The stimulant most widely consumed by the public. A cup of coffee may contain 50-150 mg of the alkaloid, whereas cola drinks have from 35 to 55 mg. A clinical dose for adults is 100-200 mg. Caffeine stimulates the cerebral cortex and medullary centers. In ordinary doses it causes wakefulness, increases mental alertness, and decreases response time for simple tasks. |
| Marijuana | Possesses properties of a sedative, euphoriant, and hallucinogen. Short-term effects include impaired brain function, increased heart rate, and decreased blood supply to the heart. Marijuana impairs the function of reproductive glands and hormones, damages the respiratory system, and retards social and emotional growth. |
| Alcohol | Pure ethyl alcohol is recognized as a drug by the U.S. Pharmacopea. It enters the bloodstream quickly from the stomach and the small intestine. It is converted to acetaldehyde by the liver, where it causes changes. Alcohol affects the central nervous system, increasing heart rate, dilating blood vessels, and lowering blood pressure. Even in small amounts, alcohol affects behavior and judgment. |
| Nicotine | Nicotine is an alkaloid in tobacco, commonly believed to be responsible for dependence. It first stimulates then depresses the nervous system. It stimulates the cardiovascular system, causing increases in heart rate and blood pressure. It increases oxygen requirements of the heart muscle, but not the supply. |
| Inhalants | Inhalants or volatile solvents are a very diverse group which includes glue, nitrous oxide, paint thinner, liquid paper, and gasoline. The effects include delirium and sedation. Inhalants can cause lung and brain damage. |

LESSON #6b
Science

# DRUGS AND THE BRAIN

The synapse offers an ideal point for the use of drugs to intervene and regulate the nervous system. Many drugs affect the nervous system, but we understand the actions of only a few (see next page).

Opium, from the seeds of a poppy, has been used as a drug since classical Greek times, not only because it is the most effective pain-killer ever discovered but also because of the euphoric state it induces. Opiates were used as pain-killers in the Civil War in the United States, and addiction to opiates has been a social problem in the United States ever since. The search for a nonaddictive opiate has been intense, but all the opium derivatives ever produced—including morphine, Demerol, methadone, codeine, and heroin—eventually produce addiction in many people who take them. Opiates bind to postsynaptic receptors in the brain and block the binding of neurotransmitters. This prevents the transmission of nervous impulses along a tract of nerves by which the body normally "tells" the brain that it is in pain. (Pain is a useful biological reaction, for when the brain is informed that some part of the body is in pain, perhaps from a cut or burn, it causes the body to move away from the source of damage.)

Drugs such as LSD, psilocybin, mescaline, yohimbine, and barbiturates all act on synapses in the brain. Some of them produce hallucinations in ways that are not yet understood. The action of amphetamines (Benzadrine, Dexedrine, and "speed") is more easily understood. Like Sevin and other insecticides, they prevent the normal disappearance of transmitter molecules from synapses, so that the synapses continue to fire long after they would otherwise have stopped. As with the insecticides, overdoses are fatal.

The affects of alcohol on the nervous system are poorly understood. Studies have linked it to a decrease in the affects of serotonin, and to enhancement of the action of y-aminobutyric acid, the neurotransmitter that helps relieve anxiety. Alcohol also kills neurons faster than they would otherwise die—at the rate of about 10,000 per ounce of alcohol consumed. This probably accounts for the mental deterioration seen in some alcoholics.

Drug-taking by humans has parallels among the other animals. Animals as different as birds, rabbits, deer, and elephants have been observed to seek out and eat such things as fermented fruit (containing alcohol) or intoxicating mushrooms. However, most animals do not become addicted to such substances.

| | | |
|---|---|---|
| Inhibits manufacture of neurotransmitter | Hemicholinium (blocks neuron's uptake of choline to make acetylcholine) | Alphamethylparatyrosine (AMPT) (a sedative)<br>Disulfiram (used as an antioxidant in the rubber industry; used as a drug to treat alcoholics, since violent illness ensues when alcohol is consumed after ingestion of the drug) |
| Decreases stores of neurotransmitter | | Reserpine (sedative or depressant, used for epilepsy or hypertension)<br>Tetrabenazine (blocks storage of neurotransmitter in vesicles) |
| Decreases level of molecules that deactivate neurotransmitter | Diisopropyl fluorophosphate (insecticide; chemical warfare; applied locally to treat Glaucoma)<br>Physostigmine<br>Neostigmine (used in treating myasthenia gravis, where more muscular stimulation is required; antidote for atropine poisoning) | Iproniazid (antidepressant; once used to treat tuberculois, now only occasionally for psychotic depression)<br>Nialamide (antidepressant) |
| Enhances release of neurotransmitter | Botulin toxin (botulism poisoning) | Cocaine |
| Inhibits release of neurotransmitter | | Amphetamine (CNS stimulant) |
| Activates receptor site | Pilocarpine (from a plant; mimics acetylcholine at most sites)<br>Carbachol (mimics acetylcholine at most sites)<br>Muscarine (from fly agaric, a mushroom; at synapses with smooth* and cardiac* muscle, glands, some CNS sites)<br>Nicotine (from tobacco; at synapses with skeletal muscle,* some CNS sites not affected by muscarine) | Alphahydroxybutyrate<br>Norepinephrine, epinephrine<br>Isoproterenol (inhaled as treatment for asthma; stimulates heart, relaxes bronchial tubes, dilates blood vessels to skeletal muscles)<br>Mescaline (norepinephrine and dopamine) |
| Blocks receptor sites | Atropine (from some plants, e.g., deadly nightshade; with artificial respiration, is antidote for anticholinesterase* poisoning; works at synapses between neurons and effectors)<br>Scopolamine (found in many atropine-producing plants; with morphine, induces "twilight sleep" for childbirth)<br>Curare (used in poisoned darts, and in research to immobilize animals while leaving physiology intact; works at skeletal muscles) | Phentolamine (used in behavior research; blocks epinephrine sites responsible for constriction of blood vessels, thus blocking rise in blood pressure)<br>Phenothiazines (decrease schizophrenia symptoms by blocking dopamine receptors)<br>Propranolol (used in research, not clinically)<br>Chlorpromazine (used to treat schizophrenia or bad drug trips)<br>Haloperidol |
| Inhibits resorption of neurotransmitter (by catecholamine-releasing presynaptic membrane) | | Imipramine (antidepressant, drug of choice)<br>Nortriptyline<br>Cocaine (CNS stimulant)<br>Amphetamine |

Many familiar drugs, such as caffeine, LSD, morphine, amphetamine, and marijuana, have more generalized effects, and in most cases their exact mode of action is not well understood.

* Catecholamines: A group of chemicals containing an amine group; includes epinephrine, norepinephrine, dopamine
* Smooth muscle: The type of muscle that lines the walls of internal organs (e.g., digestive tract, blood vessels).
* Cardiac muscle: The type of muscle that makes up the vertebrate heart.
* Skeletal muscle: The type of muscle that moves parts of the skeleton (e.g., muscles of legs, back).
* Anticholinesterase: Agent that blocks the affect of acetylcholinesterase.

LESSON #1

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Social Studies (Local Government)

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Students will understand the powers and limitations of school boards. They will also understand the laws involved that a school board needs to take into account. | CCG: 2, 6, 10 |
| AOD Prevention: | Students will become aware of the high costs that alcohol and other drugs cause in schools, including the cost in human suffering. They will also understand the power vested in the school board to impose penalties or social sanctions on alcohol and other drug abusers. | AOD: 3, 8 |

LESSON DIRECTIONS:

1. The instructor will review and explain the structure, powers and duties of school board members. If possible, students should attend a board meeting before the simulation.

2. Five students will be selected to role play Board members, one to be the Superintendent of the school board, and one to serve as clerk. An agenda will be drawn up for the meeting. The subjects that will come before the board will deal with the problems caused by alcohol and other drugs. The remaining class members will role play those who are affected by the Board's actions.

   NOTE: The instructor could explain to the class that personnel matters in a real life situation would come before a closed session. The public would know the results but not exactly what occurred.

3. Instructors can cover as many of the given issues as they have time for, or they may wish to make up their own additional issues. Some ideas for the meeting might be:

   a. Cocaine is found in a student's car at a school dance. Should that student be expelled? What about the other students in the car? This is the situation: the campus police officer saw a student in the back seat of a car dip his head down. She felt he was disposing of a beer can. When she approached the car, she noticed a wet spot on the floor and ordered all four student passengers out. She found a beer can on the floor, and a

1/4 gram of cocaine in the glove compartment. All students are under 18. They are: Willie Wisser, a male driver and owner of the car; Larry Losser, the student whose head ducked in the back seat; Happy Day, a female in the front seat; and Irma Innocent, a female in the back seat. Irma has never been in trouble before, has a 3.5 GPA and is the student representative to the school board.

b. A teacher three years short of retirement is an alcoholic and seems drunk every Monday. Should he be fired? Should he be relieved of his duties but given another job where he does not come into contact with his students?

c. The principal pulls an article from ***Anytown News*** (the school newspaper) that recommends legalization of drugs. The article was poorly researched, which was the principal's reason for pulling it, but the ACLU is at the meeting to demand it be printed or they will bring suit. Debate and decide whether or not to print.

NOTE: The instructor may wish to use the Hazelwood Case (1986) as reference.

d. A beer company is willing to underwrite the cost and sponsor the district track meet, however, they want a permanent sign at the stadium announcing that they are sponsoring the meet, the slogan "To the Victors Go the Spoils" and a big picture of their product.

e. The Teachers' Union president wants the board to give more complete health coverage to people suffering from alcohol and other drug abuse, but it will cost one million dollars more to have that coverage. Debate the pros and cons.

f. Students are present at the board meeting to ask for a smoking area on campus. They are non-smokers who cannot go into the restrooms because the smoke bothers them.

g. The principal of Anytown High School wants to have three student-free days to conduct inservices for staff on alcohol and other drug education. It will cost the district $13,000.

h. Students are involved in a drunk driving accident; the driver and passenger are seriously injured as is the driver of the other car. How should the board acknowledge this situation, knowing that students are upset about their friends' serious condition and possible death, and recognizing that the driver student was involved in a criminal act?

In each of these areas students making the presentations, are given a small card with the basic facts, and allowed to improvise.

4. In heterogeneous cooperative groups (5), have team members number off using Numbered Heads (one-two-three-four-five).

5. Assign a social skill. (** "Process/Social Skills—How to Teach.")

6. Debrief the lesson, using Numbered Heads. (** "Structure.") Be sure to include social process as part of the process regarding simulations.

Time: 1-4 lessons, 45-55 minutes each

Follow-up: Now that students understand the process of a school board meeting, do the extension exercise on following page, in which the board hears testimony about a proposal to mandate a drug-free workplace monitored by testing all school district employees.

MODIFY FOR SPECIAL NEEDS STUDENTS: Advanced students might find community members who are in these "real" roles and interview them in preparation for the exercise.

MATERIALS NEEDED: A copy of the hypothetical school board agenda for each student; statistics on alcohol and other drug use, problems, etc.; one card per student with a situation written upon it.

TEACHER PREP: See "The School Board and the Drug-Free Workplace."

TEACHER BACKGROUND: All schools belong to a school district, which is part of a geographical area. The instructor should point out to the students the school district that their school is in. Each school district elects either five or seven school board members, who set school policies. These policies are set in an open meeting, usually held every month. The only exceptions are when decisions involve a person accused of wrongdoing. Then the Board may meet in private sessions. The public is invited to address the Board and an agenda is published prior to the meeting. The Board may only take action on agenda items. The policies they agree on are carried out by the superintendent, a board-appointed professional educator.

LESSON #1a
Social Studies

## THE SCHOOL BOARD AND THE DRUG-FREE WORKPLACE

ROLES:

School board members, the district superintendent, teachers' and classified employees' union leaders, representatives of community groups (such as neighborhood associations, anti-tax groups and parent advisory groups), student leaders, newspaper reporters, representatives from the High School Coaches' Association, lawyers from the ACLU.

SCENARIO:

The superintendent is introducing a proposed policy change which would require mandatory periodic drug testing for all school employees. The board has scheduled a full hearing so that all parties may contribute information before the board makes a decision.

Each student or pair of students should adopt a role and prepare their presentation to the board reflecting their group's point of view. The board should set an agenda setting the sequence of speakers and the time allowed for each. The board will confer in an open meeting at the end of the session and deliver their decision the following day along with their reasons for coming to their decision. (The decision must be made in public meeting, not away from the meeting.)

NOTE:

To add an element of surprise, the board may return with a suggestion that the proposed policy should be extended to apply to both employees and students.

LESSON #2

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 10-12 SUBJECT AREA: Social Studies

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Students will understand how the United States court system works. Students will understand the procedures used by the Supreme Court. Students will be able to define Judicial Review, Judicial Restraint, Precedent and the federal system. | CCG: 1, 2, 6 |
| AOD Prevention: | Students will become aware of the dangers of drugs in general and marijuana in particular through the development of critical thinking, participation, decision making, examining facts and conflict management skills. | AOD: 7 |

LESSON DIRECTIONS:

1. Explain how our court system works with questions such as:

*What are the guidelines for our laws?* (U.S. Constitution)

*What is a Federal System?*
Separation of state and federal government, including the court systems—federal and state courts.

*How does a case get to the Supreme Court?*
Any case can start in a lower court, either a state or a federal court. They will try the guilt or innocence of the defendant. If innocent, the case cannot be appealed, but if convicted, the defendant may appeal. If an appeals court thinks there is merit in the defendant's appeal, they may choose to hear the case. State cases can go as high as the state Supreme Court; after the state Supreme Court decides, it may be appealed to the U.S. Supreme Court.

*How does the Supreme Court operate?*
There are nine members, and the Chief Justice sits in the middle. At his right sits the member who has been on the court longest, at the far left the newest member. They hear a number of cases each day and vote later. Both sides read their constitutional arguments, using the Constitution and precedent-setting cases to prove their side. The court votes with the newest member voting first. The longest term member has the first choice of writing the opinion.

*How does one become a Supreme Court judge?*
Members of the Supreme Court are appointed by the President of the United States, with the approval of the Senate. Once they are appointed, they may serve for life. As each new member is added, each other member moves his/her seat up toward the Chief

Justice and has priority over members who have served less time. The Chief Justice position, however, is picked separately. When a Chief Justice resigns or dies, the President appoints a new Chief Justice and the Senate may then approve or disapprove the President's choice.

2. Provide students with a copy of the case Leary vs. U.S. (395US 28 89s.ct.1532 1969). Tell them that Timothy Leary was a well-known drug advocate of the 1960s and '70s. You may xerox a copy at any law library by looking at the 1969 Supreme Court briefs. The following is a brief summary of the case:

*On December 22, 1965, Timothy F. Leary (a drug advocate of the 1960s and '70s) and his daughter drove across the international bridge that separates the United States and Mexico at Laredo. At the Mexican customs station, they were denied entry because they were deemed undesirable. They then returned over the bridge and were stopped and searched by American customs. Leary explained that he had nothing to declare. Examining the interior of the car, customs officials found marijuana seeds as well as partially smoked marijuana and a snuff box with refined marijuana.*

*Upon obtaining such evidence, Mr. Leary was tried and convicted in violation of 21 U.S. code 176A to wit: that he had knowingly transported and facilitated the transportation and concealment of marijuana which had been illegally imported or brought into the United States, with knowledge that it had been illegally imported or brought in. Mr. Leary was also convicted of violating 26 U.S. Code 4744 to wit: that he knowingly transported, concealed and facilitated the transportation of marijuana without having paid the transfer tax imposed by the Marijuana Tax Act.*

*Mr. Leary claimed that he was denied the use of his Fifth Amendment rights, which state that "no person shall be held to answer for a crime, nor shall be compelled in any criminal case to be a witness against himself nor be deprived of life, liberty or property without due process of law." He also contended that because our system says you are considered innocent until proven guilty, they should not be able to make him prove it was not imported but rather that the United States should have to prove that it was imported.*

*Precedent was against Leary; in the case of Marchetti vs. U.S. and Groso vs. U.S. the government had been able to convict because taxes had not been paid on illegal gambling profits.*

3. After the class has reviewed the case, assign students to role play nine Supreme Court judges, a group of defense lawyers and a group of prosecution lawyers. After adequate preparation time, ask the lawyers to argue the case, and then ask the court to vote on the two charges. After the court's decision, discuss rights, the difficulty of prosecution in our country and the drug problem.

4. While the court is voting and writing opinions, the others form heterogeneous groups of four ("Management Hints: How to Group"). Using Think/Pair/Share structure, read and discuss the questions only on cards that apply knowledge about drugs. (Exclude the answers and decisions.) See Sample Cards.

5. Pass out cards with the Court's decisions on the back and ask the cooperative groups to compare/contrast their discussions with the Court decisions. When the "Supreme Court" gives out its decision, you can tell them then that Leary was found guilty of importation, but the Tax Act was declared unconstitutional. The rationale here is that it would be impossible to convict anyone of importation if they had to prove where it was grown, thus any drugs brought into the country are considered imported. The Marijuana Tax Act was unconstitutional because the Fifth Amendment states that an individual cannot be made to testify against himself, and this law required one to do so!

6. Debrief as a total class ("Debriefing/Reflections").

Time: 2-4 lessons, 45-55 minutes each

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED: Copy of the Constitution; brief of Leary vs. U.S.; cards with questions.

TEACHER PREP:

TEACHER BACKGROUND: The Constitution is the supreme law of the land. Federal, state and local laws may not violate the Constitution. If someone is hurt by such a law and feels it violates the Constitution, they may bring suit in a court of law. The courts interpret what the Constitution means. The Supreme Court, comprised of nine members, makes the final decision of the legality of a law.

LESSON #2a
Social Studies

## Leary vs. U.S.

## SAMPLE CARDS

Card 1

a. The Fifth Amendment says "The right of the people to be secure in their persons, houses, papers and effects, against unreasonable searches and seizures shall not be violated." How were they able to search Leary's car?
(As a condition for crossing the border, people give up the right of search. It is similar when you attend a rock concert; you give up the right as a condition of attendance.)

b. In the case of Rochin vs. California, the police pumped Richard Antonio Rochin's stomach against his will when they saw him swallow something as they approached him. They found morphine and used the evidence to convict him. How would you rule in such a case? (Rochin won. It violates the Fourth Amendment.)

c. Do you think recent court decisions (1960-1988) make it too difficult for the police to regulate drug traffic?

Card 2

a. Recently, Douglas Ginsberg was turned down for the Supreme Court. What seemed to be the main justification? (He had used marijuana while a judge.)

b. Do you think less of a person because they use marijuana?

c. Should employers be able to test for drugs before they hire? Should they be able to spot test?

Card 3

a. What is Timothy Leary's position on drugs? "Tune in, Turn on, Drop Out." Everyone should use drugs!

b. The Constitution says, "Congress shall make no laws abridging . . . the freedom of speech." Can there be any limits to this? Some say the right to free speech is absolute, but most say we have to balance the right against the harm it might cause. The most common method is to apply the "clear and present danger" test. IF it causes a clear danger, can it be a crime? Slander and libel can be crimes as can obscenity if it is forced on someone or used in front of children. The exceptions to the First Amendment Freedom of Speech are if it creates a "clear and present" danger. This was decided in the Gitlow Case. If there is a connection between speech and action, it may be a crime.

c. Should an individual have complete freedom of speech, even if they are incorrect and speak of dangerous ideas?

Card 4

a. Why was Leary charged with failure to pay the Marijuana Tax and importation but not possession? (Customs officials are federal officials, and the tax act and importation are federal crimes, but possession is a state matter and only a state agency can bring charges.)
b. State laws vary greatly. Possession in Oregon of under ten ounces is a small fine. In Texas, it could be a 20-year jail term. Should we have a federal law that is consistent from state to state?
c. What in your opinion would be a proper penalty for possession? For dealing? Sock it to em!

Card 5

a. What is marijuana? Hashish? (Marijuana is Indian hemp [THC], a hallucinogen sedative. Hashish is the resin from the marijuana plant and is is five times as strong as marijuana.)
b. What is a gateway drug? Is marijuana such a drug? (A gateway drug is a drug that leads to other drugs, and yes, marijuana is considered a gateway drug.)
c. What are some of the physical and physiological effects of marijuana? (It contains 461 chemical compounds, 75% are sedatives and 25% stimulants, and 55 carcinogenic. Marijuana is lipophilic and therefore collects in fat cells, contains 2.5 times the tar of cigarettes, because of active inhalation it causes 40 times more tar than cigarettes, burns at a much higher temperature than cigarettes, causing irritation, and it isn't filtered. It causes temporary memory loss and increase in appetite. Whereas marijuana in the 1960s was from .5 to 2% THC; today it is called sinsemilla and has 8-14% THC. A UCLA study in which people smoked ten joints a day for 60 days at 2% THC found: 70% sperm reduction, the remaining 30% were mutant forms. It caused a change in menstrual cycle, a high incidence of neo-natal deaths, smaller babies, babies that were less responsive and more passive, and decreased brain activity.)

Card 6

a. In the sixties, people such as Timothy Leary challenged the authorities to prove the dangers of marijuana. What were the results? (At the time, there was very little evidence of damage and no evidence of long-term damage.)
b. In what way is smoking marijuana different now? What is sinsemilla? What does medical research say now? (More complete studies have shown marijuana is lipophilic and therefore collects in fat cells, contains 2.5 times the tar of cigarettes, because of active inhalation it causes 40 times more tar buildup than cigarettes, burns at a much higher temperature than cigarettes, causes irritation, and is not filtered. It causes temporary memory loss and increased appetite. Whereas marijuana in the 1960s was from .5 to 2% THC; today it is called sinsemilla and has 8-14% THC. A UCLA study in which people smoked ten joints a day for 60 days at 2% THC found: 70% sperm reduction, the remaining 30% were mutant forms. It caused a change in menstrual cycle, a high incidence of neo-natal deaths, smaller babies, babies that were less responsive and more passive, and decreased brain activity.)

c. Currently, law enforcement is taking a hard line toward the use of marijuana. Among these methods is the "zero tolerance" law. Explain. How do you feel about this? What constitutional issues are raised? Does this violate the First Amendment? ("Zero tolerance" is the taking of property connected with the arrest of drugs, such as confiscating the car in which the drugs are found.)

Card 7

a. Are there any times when taking drugs is legal? (Yes, medical and certain religious reasons.)

b. In the case of Woody vs. People, the court ruled that native born American Indians could legally take the drug Peyote. Why? (It is legal if it is a religious practice and that practice has been going on before laws against it were passed, if it doesn't hurt others or involve minors.)

c. How can you favor a religion? Isn't that a violation of the Establishment Clause in the First Amendment? How do you feel about Amish children not going to school? Jehovah's Witnesses not saluting the American Flag? Seventh Day Adventists not being required to work on Saturday? Quakers not having to carry a weapon in the service? Rastafarians smoking pot?

LESSON #3

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-10

SUBJECT AREA: Social Studies
(Geog., Global Studies)

LESSON OBJECTIVES:

Content Area: Through the evaluation of various countries' health policies, students will develop an awareness of the many different attitudes and beliefs that exist throughout the world. The students will be able to list the differences and similarities among the policies as well as to understand the interdependency necessary for a worldwide policy. In order to do so, they will use social participation, critical thinking and problem-solving skills.

CCG: 2, 5

AOD Prevention: Students will examine the health policies of seven countries concerning smoking. Through discussion of the policies and their effectiveness, as well as through creation of their own policies, students will develop an awareness of the critical nature of these efforts to prevent nicotine abuse and of the effects on their own community.

AOD: 1, 3, 4, 10

LESSON DIRECTIONS:

1. Assign students to heterogeneous, well-balanced cooperative learning groups of five to seven students each so that each group has as even a number of members as possible. It would be best if each group has an equal number of students so that each student will read about a different country. However, if that is impossible, ask two students to pair up and read the same article. ("Management Hints—How to Group.")

2. In home teams, discuss with students an appropriate social/process skill. ("Process/Social Skills—How to Teach.")

3. Give groups one minute to assign jobs to each member:

   Recorder: Records all responses of the group on the provided chart paper or piece of paper.
   Monitor: Collects and returns all materials (markers, chart paper, etc.).
   Timer: Keeps track of the time remaining in the lesson and notifies the members when time is half over and when they should be wrapping up.
   Facilitator: Has the responsibility of keeping the group members on task.

Reporter: Reports the group's responses to the class.
Participants: All other members who participate and encourage everyone else to participate.

4. Pose the following question to the class:
   "How do you think the attitudes towards smoking will change in the next five years, and for what reasons?"
   Encourage students to think about this and to be prepared to discuss their thoughts with their home teams.

5. Give students ten minutes to discuss the question with each member playing his/her proper role within the group.

6. Ask reporters from each group to share their group's responses with the class.

7. Tell the students that they will now read about what some countries around the world are doing to combat the use of cigarettes.

8. Explain the research process to the students. Each member of the home team will receive a copy of the same article with one section highlighted. This is the only portion of the article that they are to read. For example, one member will have the section on Britain's smoking policy highlighted while another team member will receive the article with another country's section highlighted. Therefore, within each home team the entire article will be read.

   NOTE: This is where adjustments need to be made with the number of students in a group so that each group is reading the same sections of the article. Each member of each group should read his/her portion of the article and prepare to discuss the main point of his/her specific country's policy.

9. Students will form "expert" groups. ("Structures—Jigsaw"). All students who read about the same country will now meet to form a new group. It may be helpful to set up signs with country names or flags so that the transition to expert groups will take place smoothly. Students will have ten minutes to read their section. Expert groups will then discuss their country's policy, sharing their viewpoints and thus becoming experts on that country's policy. Give the groups ten minutes to discuss the following questions that will help to direct the discussion:

   *What are the key facts?*
   *What is the main goal(s) of the policy?*

*Do you think that the policy is or would be effective? Why or why not?*

Students will discuss/plan how to teach this knowledge to their home teams.

10. Students will then return to their original group and "teach" the other members what they have learned about their country's policy. Each member will take a turn in teaching the rest of the group about his/her country and its policy. If two students read the same article, they will both share what they have learned. After each member has shared his/her knowledge with the others, the group will discuss the following:

    *What are the similarities or differences in the various policies?*
    *Which policy do you think is most effective?*
    *Which policy do you think is least effective?*
    *What do you think would make an effective policy against the promotion and use of cigarettes?*

    Students will list the responses to these questions on the chart paper. Allow 20 minutes for this portion of the activity. Have students use their same job assignments again.

11. Students in home teams will discuss, both with the instructor and among themselves, how their group functioned in home teams as well as in expert groups. ("Debriefing/Reflection") Relate back to the social/process skill taught. (See step 2.)

12. Ask the reporters from each group to report their findings to the class. Use this information as the basis for a class discussion on the various policies and why the similarities and differences exist. Encourage the students to use their knowledge of the countries to answer these questions. This is a good opportunity to ask the students what they know about our country's policy on cigarette smoking or in what ways they have seen a war against smoking in American everyday life (e.g., no smoking on flights of less than two hours).

    Ask: *How could you support the enforcement of this policy as an individual?*

Time: 1 1/2 lessons, 45-55 minutes each

Follow-up: See handout, "How Other Countries Punish Drunk Drivers," to do a similar cross-cultural comparison. In the case of alcohol use, legal codes have addressed penalties for drunk drivers. Students can note similarities and differences from culture to culture. Additional research and discussion will help students compare attitudes toward DUI behavior and perhaps toward alcohol use in general. Be sure to point out that these are two separate issues. They should look for historical factors/cultural values which help explain the differences in the laws.

**MODIFY FOR SPECIAL NEEDS STUDENTS:** This lesson was originally designed for grades 6-8. Research extensions increase its challenge for higher-grade students.

**MATERIALS NEEDED:** Sufficient copies of "Medical Associations Step Up Activities to Counter Smoking" with highlighted sections for each group (see Step 7 in Procedure and see Bibliography); chart paper or regular paper; markers or pens/pencils; world map showing countries.

**TEACHER PREP:** See "Medical Associations Step Up Activities to Counter Smoking"

**TEACHER BACKGROUND:** In this lesson, students will be getting most of their information from "Medical Associations Step Up Activities to Counter Smoking," (see Bibliography) an article about various countries' policies on smoking. They will also use prior knowledge of world history/government and personal experience as enrichment.

**What's New in the World**

## MEDICAL ASSOCIATIONS STEP UP ACTIVITIES TO COUNTER SMOKING

*In June 1983, the Editor wrote to the secretaries-general of medical associations in 45 countries to solicit commentaries on each association's effort to combat the promotion and use of cigarettes. Nine associations replied, seven of whose commentaries appear in this section. Although expressing support for this issue of the Journal, the secretaries-general in France and Hong Kong were unable to prepare commentaries in time for publication.*

### The British Medical Association and smoking

The British Medical Association (BMA) is committed to the eradication of smoking both by challenging the public's attitude through health education programs and by calling for more strict controls on the advertisement and sale of tobacco products.

The BMA's policy is derived from a statement on smoking adopted in 1971 which said that smoking plays a major part in the development of many diseases, causes physical disability, and increases mortality from vascular and respiratory causes. A survey published in June 1983 by the UK Office of Population: Censuses and Surveys, shows that smokers are now in a minority in every social group and that since 1980 there has been a drop in the number of smokers in every age group except for women between 20 and 24 years of age where the number is said to be the same. We believe that smoking is no longer socially acceptable and therefore making it much harder to smoke in public places. Cinemas, theaters, and some restaurants have restrictions on smoking.

The BMA's existing policy is to ban advertisements of tobacco products except at point of sale. As the audience reached by cigarette advertising has been progressively eroded by restrictions on the type of advertisement and by the imposition of government health warnings on cigarette packets, so the tobacco industry has increased its efforts in the overt sponsorship of sporting and cultural events. Despite this, the BMA is concerned that government health warnings are not as clear as they are in certain other countries. The tobacco industry's sponsorship of sporting and cultural events is a major cause for concern as it fosters a long-term financial dependence on the tobacco industry, legitimizes the industry's association with sporting events and is particularly powerful among young people. Lately, the industry has diversified into the field of sponsoring holiday tour operators. The voluntary agreements between the government and the tobacco industry which are supposed to control the advertising of cigarettes and the sponsorship of sport do not go far enough. They are easily broken as shown by the fact that for the last two years a player* sponsored by British American Tobacco has worn a tennis dress bearing the distinctive house colors of a certain brand of cigarette during televised matches from the Wimbledon Lawn Tennis Championships. This happened again in 1983 despite the apologies made and the assurances received from British American Tobacco after a similar infringement in 1982. The BMA will continue to press for stricter controls on the sponsorship of sporting and cultural events.

Although the Association has concentrated on reducing advertisements and sponsorship, it has also been active in other areas. In our evidence to the Royal Commission on the National Health Service in 1977 (Br Med J, 1977; 1:299) we stated that:

> The encouragement of a non-smoking community is probably the single most urgent task now facing preventative medicine and the community which it serves. All the conditions in which cigarette smoking is implicated cost the National Health Service a vast amount of money to investigate the cost to the exchequer in sickness pay and pensions. It is in fact, estimated that the total care of smoking-related disease costs far more than the revenue collected from the tobacco tax. From the medical point of view, a severely differential tax between cigarettes on the one hand, and cigars and pipe tobacco in the other, would encourage a reduction in cigarette smoking and so reduce the incidence of lung cancer as well as coronary arterial disease, strokes and bronchitis.

Since that date we have continued to urge the government to increase the excise duty on cigarettes.

The Association has always worked in conjunction with the Medical Royal Colleges and Faculties and bodies such as Action on Smoking and Health and the Health Education Council. Such unity is one of the major strengths of our campaign.

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*The player is Martina Navratilova, and the cigarette brand is Kim.

**Germany: A bankrupt health policy toward smoking**

The World Health Organization and five world conferences on smoking and health have left no doubt that more human lives could be saved and more disease prevented by a marked lowering of cigarette consumption than by any other single measure. In Germany (population 61,000,000), the government has estimated the number of German citizens who die prematurely each year because of smoking at 140,000 (Federal Parliament document 7/2070).

Forty percent of all cancer conditions in men could also be avoided by not smoking (press release, Federal Minister for Health and Family Affairs 38/30-1978). Bronchial carcinoma, which is the most frequent form of cancer (amounting to almost 30% of all male cancer deaths), has reached a new record in Germany with around 27,000 deaths.

Virtually nothing has been done in Germany to tackle this problem so far. Although the federal government has declared smoking as "absolutely damaging to health," an unparalleled advertising expenditure for the toxic products of the cigarette industry is tolerated in clear contravention of the constitutional stipulation that harm to the German people is to be avoided. In 1982, a depressing balance was drawn up at Germany's second government-sponsored cancer conference; although smoking is the most important single cause of cancer, and our health ministry has declared 40% of all new cancers in men as avoidable by not smoking, the topic of smoking was not once placed on the agenda at the numerous sessions in context of the overall program of cancer control of the federal government. In the 46-page intermediate report from 1979 to 1982, the term "smoking" is completely absent. Of the 44 points of the resolution of the second great cancer conference, not a single point was devoted to smoking! In the meantime, a "working group on smoking" has been formed, which includes several lobbyists of the cigarette industry.

Thus, we have a similar situation in Germany to that in the United States. Just as President Carter dismissed HEW Secretary Califano in order to secure the votes of the tobacco farmers, our Federal Labor Ministry, under the pressure of the tobacco industry, withdrew the draft of a new industrial safety law, containing far-reaching protection of nonsmokers at the workplace. Unfortunately, the horizons of our politicians only extend as far as the next election. Advances in the sector of nonsmoker protection in Germany have not been achieved by measures, but rather by legal proceedings. Although the toleration of public advertising for the toxic products of the tobacco industry is not compatible with the oaths of office of our politicians to serve the well-being of the people, the advertising expenditure in Germany, as in the United States, reached a new record in 1982. For advocates of consumer protection, there is a worthwhile field of activity ahead in the sector of smoking.

Twenty years after the U.S. Surgeon General's report, the problem of smoking is still unsolved, although it has been known for a long time what should be done, and although the Scandinavian countries have set a good example. Thus, it is by no means an exaggeration to speak of bankruptcy declaration of Germany's health policy in the sector of smoking. Since the concern for public health is obviously though less important than are special interest considerations, it is, in my opinion, high time that our politicians are reminded of their official obligations—by legal proceedings, if necessary.

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## Norway: a pioneer effort to curb smoking

In 1967, a Norwegian Committee appointed to study smoking habits in Norway (population 4.1 million) concluded that the following practical measures should be implemented or developed in the work to combat the harmful effects of tobacco:

**Educational measures.** An educational program for school children and young people, physicians and other health personnel, teachers, youth leaders, and parents of children of compulsory school age.

**Restrictive measures.** Restrictions on advertising; labeling of cigarette packages; changes in taxation on tobacco; restrictions against smoking in public transport.

**Therapeutic measures.** The expansion of tobacco-weaning clinics and courses.

In 1971 the government appointed a multidiscipline council—the National Council of Smoking and Health—and made it responsible for activities directed against tobacco smoking. The Council was also given the status of an advisory body to the Ministry of Health and Social Affairs in all matters relating to smoking and health, and antismoking activities. Since 1974, the Council has had its own budget and secretariat (in 1982, U.S. $286,000 and five permanent positions).

The three-stage strategy mentioned here has been the basis for the Council in its work against smoking. It has prepared and published general teaching material containing information about the health hazards of smoking, and special material adapted to central target groups (physicians and other health personnel, teachers, women, children). The Council has arranged for and evaluated campaigns in the mass media, as well as in schools, etc.

Each year since 1973 the Council has carried out surveys on smoking to follow trends in smoking habits in the Norwegian population, as well as several surveys among professional groups concerned with health education.

In 1973 the Storting (the Norwegian Parliament) passed an Act banning all kinds of advertising and promotion of tobacco products. The regulations issued in accordance with the Act require cigarette and tobacco packets to be marked with health hazard warnings (also, from 1984, declarations of the content of nicotine, tar, and carbon monoxide). The Act, which has on the whole been accepted by the industry, shopkeepers, and the public has been an instrument working along with the other measures included in the program. (In 1981, the Norwegian Medical Association urged the Norwegian government to work for a tobacco-free society by the year 2000.)

In 1973, 51% of men in the 16- to 74-year age group smoked daily; in 1982 only 40%. The corresponding figures for women were 32% and 34%. Women's smoking habits have changed very little over these 10 years, with 30% as the minimum and 34% as the maximum figure.

The per capita consumption of cigarettes (manufactured and hand rolled) increased up to 1969-70. From 1970 onward, there has been a new trend, with only a very small change in annual sales. The leveling out occurred simultaneously with the start of the government's measures against smoking. Since 1981 there have been significant reductions in cigarette sales.

If the increase in the sales figures during the 1950s and 1960s had continued up to today, this would have led to a total tobacco consumption approximately 23% higher than the present level. Among men there is no significant trend toward increased daily consumption. Women's consumption has increased from about 10 cigarettes a day in 1973 to about 11 in 1982.

In the period 1975-82, the Council has carried out several studies on smoking habits among children and adolescents. The percentage of daily smokers has for both boys and girls 13 to 15 years decreased in the period 1975-82, especially among girls. Surveys among persons ages 16 to 20 years show that the reduction continues.

The positive figures for the changes in smoking habits among 2,100 pupils in the 9th grade (15 years old) in 30 schools, which can be followed through surveys in 1975, 1980, and 1982, are:

| Subjects | 1975 | 1980 | 1982 |
|---|---|---|---|
| Boys | 21.8 | 18.3 | 16.5 |
| Girls | 28.3 | 23.5 | 22.5 |

Teaching material and school programs on smoking and health have been developed and evaluated. Today extensive material of this kind is distributed to schools with pupils ages 12 to 16 years.

The greatest challenge for future activities will be to strengthen the positive development achieved so far. If the present trend of reduction in smoking among young people continues, it will gradually have a powerful impact on the smoking habits and the total tobacco consumption in the entire population. Yet in spite of the many positive signals from the various surveys, we cannot expect that smoking will be reduced without continued and improved information activities.

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## Belgium fights tobacco

In Belgium, the smoking population has declined in the past few years, but the number of young people who smoke remains very high (43% from ages 14 to 15, 62% from ages 16 to 18). The number of women and girls who smoke is actually increasing.

Belgium came late into the struggle against tobacco and still lags behind most other European countries. In 1971, a Royal Decree prohibited the addition to tobacco of substances able to increase its toxicity. A mild warning, “Cigarettes can be detrimental to your health,” first appeared on cigarette packets in 1975. In 1977, the Ministry of Health launched a campaign against smoking, and a law concerning the protection and health of consumers forbade the use of tobacco in hospitals, some working places (such as those handling food stuffs or inflammable products), and most public venues. On April 25, 1979, there was a National Day Without Tobacco. Also in 1979, by Royal Decree the warning was strengthened to, “Tobacco is detrimental to your health,” and limitations were placed on cigarette advertising.

Besides these official measurers, various groups have been involved in efforts to curtail smoking, including the Anti-Tobacco Association, the Belgian Red Cross, the Belgian Organization Against Cancer, and Belgian Heart League.

In 1983, the government initiated a three-year campaign aimed at 11 to 15 year olds, to be followed by another campaign for 15 to 24 year olds. The theme is "the picture of a nonsmoking star" and will involve stars of cinema and sports.

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**South Africa: A stepped-up commitment**

It is estimated that the economic consequences of smoking in South Africa account for one milliard rand per year (U.S. $1 million) and that more than 3,000 people die yearly as a result of illnesses incurred by smoking. In 1981, the Medical Association of South Africa (MASA) issued a statement on smoking on which all its subsequent actions and strategies have been based. "The MASA believes that the time has come when there can no longer be any equivocation about the ill effects—medical and social—resulting from smoking," the statement read, "In taking the standpoint the MASA is aware that it is incumbent upon it, as the representative body of the medical profession in South Africa, to offer guidance on this important question."

The MASA believes that the weight of scientific evidence linking cigarette smoking to the excessively high incidence of any serious diseases is beyond question. And the MASA believes that it should be made clear that attempts to dilute the scientific evidence by various groups verge on the immoral.

Only a concerted and wholehearted effort will break the hold that cigarette smoking has on South Africa's population as a whole. Such steps are vital if we are to prevent future generations from suffering a similar fate.

The MASA does not hesitate in calling for the following legislative action:

1. A total ban on all tobacco advertising in all media.
2. All purchases should bear a clear health warning insuring that the public is told that tobacco smoking is damaging to health.
3. A ban on all cigarette vending machines.
4. The removal of tobacco products from open display shelves in supermarkets.
5. The discontinuance of allowing tax relief on any form of tobacco promotion.
6. A ban on sales of cigarettes to minors, to be strictly enforced.
7. The maximum permitted nicotine and tar yield should be established by law and enforced.

Additionally, the MASA seeks the support of important influence groups:

> *Doctors and other health professionals* to assist and encourage education campaigns promoted by various organizations including the Department of Health, Welfare, and Pension;

to actively discourage patients from smoking; and to give up smoking themselves where they have not done so.

*Department of Health and Welfare* to set a target for reducing tobacco consumption by at least 3% per annum; to begin a major and continuous health education campaign against smoking among school children with the active participation of the teaching profession.

*Sportsmen and entertainers* to avoid being directly or indirectly involved in promoting smoking and never to be seen smoking in public.

*Insurance companies* to continue the trend toward offering reduced payments for those who do not smoke on life insurance policies, and to advertise this fact.

*Industry and commerce* to encourage nonsmoking in the workplace.

In 1982 the MASA worked in close cooperation with the Council on Smoking and Health to promote a National Smokeless Day. In 1983, a Smokeless Week was held in November, and an increased involvement with youth was one of the main objectives. A regional branch of the MASA initiated a project, "Smokers Anonymous," among school children. The MASA's publications, the weekly *South African Medical Journal* and the quarterly *South African Medical News* (aimed at the public) have actively participated in the campaigns. Also in 1983, the MASA and the Council on Smoking had an interview with the Minister of Health and Welfare to discuss various strategies and to request active cooperation and financial support from the government and the private sector in the campaign against smoking. The Council on Smoking has also requested the Minister to include the word "nicotine" in the act on the abuse of dependence-producing substances.

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## Cigarette Smoking in New Zealand: a zealous effort

Prevention has been the major aim of campaigns to counter smoking in New Zealand. There has been an emphasis on programs in the schools and media to educate the young to the disadvantages and dangers of smoking, and to alter the image of smoking from "mature" and "sophisticated" to offensive and self-destructive. A media campaign has recently been initiated, directed specifically at young women. In New Zealand (population: 3.2 million), one in three persons smokes, and between the ages of 15 and 24 more New Zealand women than men smoke. Public attention has been drawn to the disproportionate number of Maori and Pacific Islanders who smoke. Other programs have focused on the cessation of smoking during pregnancy and discouraging smoking in public places.

As a national organization representing 82% of the medical profession in New Zealand and as the only organization recognized by the Government to represent the profession as a whole, the New Zealand Medical Association (NZMA) has been directly involved in several aspects of the fight against smoking. The major groups conducting campaigns against smoking in new Zealand are the Cancer Society of New Zealand, the National Heart Foundation, and the Department of Health. The NZMA has given strong support to these bodies.

Since the early 1960s, the NZMA has called for a ban on all cigarette and tobacco advertising. In 1973 an informal agreement was reached between the government and the cigarette manufacturers prohibiting cigarette advertising on radio, television, and billboards and in cinemas. The NZMA has continued its demand for a complete ban on all cigarette and tobacco advertising, with particular concern at cigarette company sponsorship of sporting and cultural events.

The Association was involved in the establishment of the requirement that all cigarettes manufactured in New Zealand should bear a government health warning on the packet, stating that smoking may endanger your health. This measure was introduced in new Zealand in 1973.

The most recent proposal put forward by the NZMA is a request to government that taxes on cigarettes and alcohol be raised significantly, to act as some form of deterrent. The taxation raised would be targeted towards the government health budget to offset to some degree the massive costs to society resulting from illness caused by tobacco and alcohol consumption.

In recognition of the influential position of medical practitioners in the community as health care educators having immediate and day-to-day contact with members of the public, the NZMA has promoted the concept of the profession leading by example. The Association has urged all physicians not to smoke in their professional rooms and in hospitals. The NZMA has also recommended that the government request that smoking should be banned in all enclosed places.

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## A dilemma for the Philippines

Tobacco is one of the major agricultural products of the Philippines, and a significant portion of the population depends on this industry for its livelihood. This may account for the absence of a strong effort to curtail smoking. This is not to suggest that an awareness of the ill-effects of smoking is nonexistent, but the measures taken are far short of those in many other countries.

For over a decade, there have been prohibitions against smoking in theaters and other public halls, and for a shorter period of time against smoking in public vehicles; these prohibitions are rigidly observed. Increasingly, there are offices, both private and public, in which smoking is prohibited. However, there are no restrictions against cigarette advertising in any of the media, and advertising in newspapers and magazines as well as on television is heavy for some brand of cigarettes. There are radio spots against cigarette smoking aired as public service, but no similar ads in the print media or on television.

Except for the Philippine Cancer Society and the Philippine Heart Association, the medical societies have been relatively silent regarding the issue. Inspired by the letter from the Editor of the *New York State Journal of Medicine*, the Philippine Medical Association Executive Council issued a public statement regarding cigarette smoking, and this has been given considerable publicity. It is hoped it will be possible to continue this effort in the coming months.

The statement recognizes the importance of the tobacco industry in this country, and suggests that government should initiate the efforts to encourage farmers to shift to other crops. However, this must be a governmental effort, even if pressure from interested groups may help in getting the government to act. This would not be viewed as a significant priority here today under the present economic and political circumstances, but continued efforts to bring the hazards of smoking to the public's attention may eventually produce results.

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**Where do you stand on the issue of involuntary smoking?**

One opinion: "I try to keep my smoking from being a nuisance but, after all, I'm not really hurting anyone."

An opposite opinion: "All those smokers are killing me. I can't go anywhere without inhaling their second-hand poisons. Why can't they just stop?"

**Where does the Ontario Medical Association stand on this issue?**

No longer is smoking simply a "nuisance" to nonsmokers. Today the evidence proves the effects of second-hand or involuntary smoking are severe enough to make smoking everyone's concern.

Involuntary inhalation is harmful. Doctors report increasing numbers of patients complaining of eye irritation, headache, nasal symptoms, and coughing brought on by smoky atmospheres. There is clear proof that second-hand smoke significantly irritates the bronchial tubes.

Most upsetting: it affects children. Among those ages 0-5, parental smoking in the home increases the incidence of pneumonia and bronchitis as well as other respiratory problems.

We fully support all programs aimed at preventing and reducing smoking and involuntary smoking. Specifically, doctors are increasing their personal patient-education programs and encouraging all smokers to stop, no longer solely for their own sake but for the sake of their families and all who associate with them. Today we know: smoking is a health hazard for all—smokers and nonsmokers.

Your doctor. Who Knows More About Health Care.

**Ontario Medical Association**

The Ontario Medical Association may be the first medical society to have purchased advertising space in behalf of nonsmoker's rights. This half-page advertisement appeared in *The Globe and Mail* (Toronto) on April 4, 1983. The Association, through its committee on public health, is working with the Nonsmokers Rights Association and other groups to seek a ban on smoking in all Ontario hospitals. The *Canadian Medical Association Journal* and the *Canadian Family Physician* have published several cover stories in recent years on the importance of a nonsmoking environment in health care settings.

## HOW OTHER COUNTRIES PUNISH DRUNK DRIVERS

In the United States, DUI (Driving Under the Influence) punishments vary from state to state, usually involving fines, jail terms, mandatory remedial education classes and/or loss of the right to drive for varying periods. American laws involve mild punishments compared to those of many other countries.

GERMANY: With a BAC (Blood Alcohol Content) of .08, your license is automatically suspended for three months with a maximum of one year in prison or a fine.

NORWAY: A BAC of .05 means a mandatory minimum sentence of three weeks in jail. A fine may be added. If you are a first offender, you lose your license for one year. If you repeat the offense within five years, you lose your license for life.

ISRAEL: Drunk drivers serve a mandatory two-year prison term. Very few people drink and drive here; only about one person a year is prosecuted in Israel for this offense.

SOVIET UNION: Your first offense gets you banned from driving for six months.

GREAT BRITAIN: Conviction brings license suspension for one year. You may also be sentenced to six months in jail, a fine of up to $1,800 and mandatory community service work.

INDIA: Conviction means six months in prison and a fine of $112.

SOUTH KOREA: If you are arrested, you automatically have your license suspended for two months, and if you are convicted, you get up to one year in jail and a fine of $700.

JAPAN: For your first offense, you get up to four months in jail and a $200 fine. Your license is revoked; you can get it back in a year if you pass a special driving test.

CHILE: A guilty verdict gets you 61-541 days in jail. If someone is injured, you go to jail for a minimum of 18 months.

FINLAND, SWEDEN: A one-year jail term is automatic.

SOUTH AFRICA: The penalty for drunk driving is a ten-year prison sentence, a fine of $10,000, or both.

AUSTRALIA: When you are convicted, your name is published in the local newspapers.

MALAYA: The driver does to jail. If he is married, his wife also goes to jail.

TURKEY: If you drink and drive, you are taken 20 miles out of town and forced to walk back under police escort.

BULGARIA: The second conviction for drunk driving carries the death sentence.

EL SALVADOR: Your first DUI is your last. You are executed by a firing squad.

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12 SUBJECT AREA: Social Studies (Economics)

LESSON OBJECTIVES:

Content Area: Through a variety of critical thinking and decision-making processes, the student will be able to assess the relationship between beer commercials and use by young males in our society. Students will discuss the merits of mandating equal time for safety and alcohol ads. CCG: 1, 5, 6, 10

AOD Prevention: Media (advertising influences), decision making AOD: 7, 9

LESSON DIRECTIONS:

Lesson 1

1. Have students watch a major sports TV event. Devise an analytical tool for collecting information such as: frequency of commercials, length of commercial, sponsor of commercial, content of commercial, message of commercial.

2. In small groups analyze data. Each group should report findings.

3. In a large group have students discuss impact of their findings and on whom.

4. Read "What Beer Commercials Really Say." Are your data and findings in agreement with the reading?

Lesson 2

1. Survey the class on each of the three questions (attached). Tally results.

2. In small groups, have students compare their results with national stats and pose suggestions for differences where they find them based on age, education, income, etc.

3. Students should discuss and assess the economic, safety and social impact of these measures on their community and region. Discuss in groups. Hand out "Alcohol, Accidents and Crime," "Most Serious Crimes Are Linked to Drug Use."

4. Have students survey the class again on three questions. Each student should write an explanation of their choices and be able to defend their reasoning in writing.

Lesson 3

1. Have students make a list of the characteristics of men who appear in beer commercials.
2. Identify them as positive or negative characters.
3. In a group, students should design a safety ad which counters the negative aspects of beer commercials.
4. Students should draw and explain their commercial in class.

Time: Lesson 1—2 days; Lesson 2—2 days; Lesson 3—2 days

Follow-up:

MODIFY FOR SPECIAL NEEDS STUDENTS:

MATERIALS NEEDED:

TEACHER PREP: Teacher may have to videotape set of commercials and bring to class.

TEACHER BACKGROUND:

SOURCE: University of California, Irvine PACT Project

## QUESTION #1
## EQUAL TIME FOR ALCOHOL AND SAFETY ADS

QUESTION: Please tell me whether you favor or oppose each of the following proposals: A federal law that would require TV and radio stations carrying beer and wine commercials to provide equal time for health and safety warning messages about drinking?

October 24-27, 1986 (Personal)

| | Favor | Oppose | No Opinion | Number of Interviews |
|---|---|---|---|---|
| NATIONAL | 75% | 20% | 5% | 1,559 |
| SEX | | | | |
| Men | 71 | 23 | 6 | 784 |
| Women | 78 | 23 | 5 | 775 |
| AGE | | | | |
| 18-29 years | 81 | 13 | 6 | 323 |
| 18-24 years | 83 | 11 | 6 | 143 |
| 25-29 years | 78 | 17 | 5 | 180 |
| 30-49 years | 73 | 23 | 4 | 599 |
| 50 and older | 72 | 22 | 6 | 631 |
| 50-64 years | 72 | 23 | 5 | 342 |
| 65 and older | 73 | 20 | 7 | 298 |
| REGION | | | | |
| East | 74 | 19 | 7 | 381 |
| Midwest | 76 | 19 | 5 | 427 |
| South | 73 | 23 | 4 | 469 |
| West | 76 | 17 | 7 | 282 |
| RACE | | | | |
| Whites | 75 | 20 | 5 | 1,390 |
| Non-Whites | 77 | 17 | 6 | 169 |
| Blacks | 77 | 17 | 6 | 152 |
| Hispanics | 72 | 19 | 9 | 91 |
| EDUCATION | | | | |
| College graduates | 65 | 29 | 6 | 303 |
| College incomplete | 75 | 20 | 5 | 387 |
| High school graduates | 78 | 17 | 5 | 528 |
| Non-high school graduates | 78 | 16 | 6 | 339 |
| POLITICS | | | | |
| Republicans | 74 | 22 | 4 | 485 |
| Democrats | 77 | 18 | 5 | 612 |
| Independents | 76 | 18 | 6 | 414 |
| OCCUPATION OF CWE | | | | |
| Professional and business | 72 | 23 | 5 | 485 |
| Other white collar | 72 | 23 | 5 | 102 |
| Blue collar | 77 | 17 | 6 | 557 |
| Skilled workers | 80 | 16 | 4 | 248 |
| Unskilled workers | 74 | 17 | 9 | 309 |
| HOUSEHOLD INCOME | | | | |
| $40,000 and over | 68 | 28 | 4 | 259 |
| $25,000-$39,999 | 76 | 22 | 2 | 354 |
| $15,000-$24,999 | 80 | 15 | 5 | 346 |
| Under $15,000 | 76 | 17 | 7 | 505 |
| RELIGION | | | | |
| Protestants | 78 | 18 | 4 | 907 |
| Catholics | 74 | 20 | 6 | 414 |
| LABOR UNION | | | | |
| Labor union families | 78 | 17 | 5 | 305 |
| Non-union families | 74 | 20 | 6 | 1,254 |

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LESSON #4b
Social Studies

## QUESTION #2
## WARNING LABELS

QUESTION: Please tell me whether you favor or oppose each of the following proposals: A federal law that would require health and safety warning labels on alcoholic beverage containers like those now required on cigarette packages?

| | October 24-27, 1986 (Personal) | | | |
|---|---|---|---|---|
| | Favor | Oppose | No Opinion | Number of Interviews |
| NATIONAL | 79% | 18% | 3% | 1,559 |
| SEX | | | | |
| Men | 74 | 23 | 3 | 784 |
| Women | 84 | 13 | 3 | 775 |
| AGE | | | | |
| 18-29 years | 82 | 13 | 4 | 323 |
| 18-24 years | 84 | 11 | 5 | 143 |
| 25-29 years | 80 | 18 | 2 | 180 |
| 30-49 years | 77 | 20 | 3 | 599 |
| 50 and older | 79 | 18 | 3 | 631 |
| 50-64 years | 78 | 18 | 4 | 342 |
| 65 and older | 80 | 17 | 3 | 298 |
| REGION | | | | |
| East | 76 | 20 | 4 | 381 |
| Midwest | 82 | 15 | 3 | 427 |
| South | 81 | 17 | 2 | 469 |
| West | 76 | 20 | 4 | 282 |
| RACE | | | | |
| Whites | 78 | 19 | 3 | 1,390 |
| Non-Whites | 85 | 12 | 3 | 169 |
| Blacks | 84 | 14 | 2 | 152 |
| Hispanics | 76 | 18 | 6 | 91 |
| EDUCATION | | | | |
| College graduates | 71 | 25 | 4 | 303 |
| College incomplete | 75 | 22 | 3 | 387 |
| High school graduates | 81 | 15 | 4 | 528 |
| Non-high school graduates | 86 | 12 | 2 | 339 |
| POLITICS | | | | |
| Republicans | 76 | 22 | 2 | 485 |
| Democrats | 82 | 16 | 2 | 612 |
| Independents | 80 | 16 | 4 | 414 |
| OCCUPATION OF CWE | | | | |
| Professional and business | 74 | 24 | 2 | 485 |
| Other white collar | 71 | 22 | 7 | 102 |
| Blue collar | 83 | 13 | 4 | 557 |
| Skilled workers | 84 | 14 | 2 | 248 |
| Unskilled workers | 83 | 12 | 5 | 309 |
| HOUSEHOLD INCOME | | | | |
| $40,000 and over | 72 | 26 | 2 | 259 |
| $25,000-$39,999 | 77 | 20 | 3 | 354 |
| $15,000-$24,999 | 81 | 16 | 3 | 346 |
| Under $15,000 | 84 | 12 | 4 | 505 |
| RELIGION | | | | |
| Protestants | 81 | 16 | 3 | 907 |
| Catholics | 80 | 16 | 4 | 414 |
| LABOR UNION | | | | |
| Labor union families | 76 | 17 | 4 | 305 |
| Non-union families | 79 | 18 | 3 | 1,254 |

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## QUESTION #3
## RETURN TO PROHIBITION

QUESTION: Would you favor or oppose a law forbidding the sale of all beer, wine and liquor throughout the nation?

July 10-13, 1987 (Personal)

| | Favor | Oppose | No Opinion | Number of Interviews |
|---|---|---|---|---|
| NATIONAL | 17% | 78% | 5% | 1,607 |
| SEX | | | | |
| Men | 13 | 83 | 4 | 806 |
| Women | 21 | 73 | 6 | 801 |
| AGE | | | | |
| 18-29 years | 15 | 79 | 6 | 298 |
| 18-24 years | 12 | 82 | 6 | 164 |
| 25-29 years | 17 | 77 | 6 | 134 |
| 30-49 years | 17 | 79 | 4 | 642 |
| 50 and older | 18 | 76 | 6 | 663 |
| 50-64 years | 17 | 78 | 5 | 350 |
| 65 and older | 20 | 73 | 7 | 313 |
| REGION | | | | |
| East | 7 | 88 | 5 | 384 |
| Midwest | 17 | 80 | 3 | 420 |
| South | 25 | 66 | 9 | 484 |
| West | 16 | 81 | 3 | 319 |
| RACE | | | | |
| Whites | 17 | 78 | 5 | 1,425 |
| Non-Whites | 19 | 72 | 9 | 182 |
| Blacks | 20 | 71 | 9 | 166 |
| Hispanics | 25 | 70 | 5 | 96 |
| EDUCATION | | | | |
| College graduates | 8 | 90 | 2 | 370 |
| College incomplete | 15 | 80 | 5 | 403 |
| High school graduates | 17 | 76 | 7 | 514 |
| Non-high school graduates | 27 | 67 | 6 | 319 |
| POLITICS | | | | |
| Republicans | 17 | 79 | 4 | 488 |
| Democrats | 19 | 75 | 6 | 688 |
| Independents | 14 | 81 | 5 | 402 |
| OCCUPATION OF CWE | | | | |
| Professional and business | 11 | 86 | 3 | 481 |
| Other white collar | 12 | 78 | 10 | 115 |
| Blue collar | 21 | 73 | 6 | 582 |
| Skilled workers | 24 | 73 | 3 | 300 |
| Unskilled workers | 19 | 72 | 9 | 282 |
| HOUSEHOLD INCOME | | | | |
| $40,000 and over | 8 | 91 | 1 | 366 |
| $25,000-$39,999 | 15 | 82 | 3 | 390 |
| $15,000-$24,999 | 20 | 72 | 8 | 327 |
| Under $15,000 | 23 | 68 | 9 | 438 |
| RELIGION | | | | |
| Protestants | 22 | 72 | 6 | 916 |
| Catholics | 11 | 87 | 2 | 476 |
| LABOR UNION | | | | |
| Labor union families | 16 | 81 | 3 | 306 |
| Non-union families | 17 | 77 | 6 | 1,301 |

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LESSON #4d
Social Studies

## RETURN TO PROHIBITION
(Percent voting dry)

| Year | % |
|---|---|
| 1987 | 17 |
| 1984 | 17 |
| 1979 | 19 |
| 1976 | 19 |
| 1966 | 22 |
| 1960 | 26 |
| 1957 | 28 |
| 1956 | 33 |
| 1954 | 34 |
| 1952 | 33 |
| 1948 | 38 |
| 1945 | 33 |
| 1944 | 37 |
| 1942 | 36 |
| 1940 | 32 |
| 1938 | 36 |
| 1936 | 38 |

**The Adorable Jerk**

## Coming of Age with a Six-Pack

## WHAT BEER COMMERCIALS REALLY SAY . . .

Beer commercials go by so quickly on television that most viewers may never think twice about what the commercials are all about. A team of researchers has given the beer ads a close look, however, and what they see is startling.

The findings, published by the AAA Foundation for Traffic Safety, add up to a five-count indictment of beer commercials as a factor in the problem of drinking and driving. The study recommends that the content of the commercials either be subject to stricter standards or they be taken off the air.

The study analyzed 40 different beer commercials broadcast on weekends and in week night primetime hours in New York and Iowa early in 1987. Here's what the researchers concluded:

1. Beer commercials link drinking and driving explicitly through the juxtaposition of images of beer with images of moving cars—sometimes traveling at high speeds. They also link references to the pleasures of driving.
2. Beer commercials make a more general connection in their imagery between bets and the challenge and excitement of speed.
3. Beer commercials represent as attractive and desirable such characteristics of "masculine" behavior as risk-taking, challenge-seeking, and disregard for the destructive or potentially dangerous consequences of one's actions.
4. Beer commercials imply that drinking beer is a challenge through which self-control can be tested, and that risk-taking is enhanced (and therefore a better test of manhood) when control is most fragile.
5. By omitting any references to the condition of drinkers and their modes of transportation when they leave the place where beer is consumed, the commercials imply that drinking has no consequences—or at least, no consequences that are cause for concern.

The analysis of beer commercials casts new light on what is already evident from studies of drinking/driving offenders; that young adult males make up the preponderance of these offenders, and the beverage of choice of the majority of them is beer.

Authors of the study are Neil Postman, professor of Media Ecology at New York University; Christine Nystrom, associate professor of Media Ecology at NYU; Lance Strate, who teaches communications at the University of Connecticut and Adelphi University, and Charles Weingartner, professor emeritus of Education at the University of South Florida.

The study is based on the growing understanding of the role that television plays in social and cultural learning. Television viewing helps form beliefs so ingrained that they have the status of myths accepted without challenge. Not the least of these influences is TV commercials. By the time young people graduate from high school they will have seen close to one million televised commercials, at a rate of better than 1,000 a week.

The study does not accuse beer companies or their advertising agencies of intentionally encouraging drinking and driving. However, the intentions of the advertisers are irrelevant, according to Lance Strate, one of the researchers.

"Advertisers say they are only trying to sell a product, but the true significance of advertising lies not in its purpose but in the way it functions," Strate told a conference sponsored by the Delaware Drinking Driver Program early this year. "Advertisers do not invent myths so much as utilize them. But in reflecting myths they also reinforce them . . . . The point is that aside from the meaning of individual advertisements, beer commercials taken as a whole provide certain general messages about alcohol and its place in our lives."

What cultural beliefs are young people picking up from beer commercials? The research report looks beyond the obvious message touting a particular brand of beer and examines the more subtle implications.

A Budweiser commercial, for example, portrays a novice worker who proves himself and is invited to share a beer with his foreman after work, thus becoming "one of the guys." In this commercial and others like it, drinking beer in a tavern is clearly depicted as a rite of initiation for young men coming of age.

In a beer-drinking scene in a Miller's Lite commercial, retired athlete Joe Piscopo typifies the obnoxious kid trying to gain acceptance from his peers, or older boys, by acting tough. Beer drinking again symbolizes male-bonding.

"Many of the Lite Beer ads," says the study, "present male adults acting in a childish manner." While this is intended as a source of humor, there is also a message that when men get together in a leisure setting, they are allowed to act like children. One of the ways that men may relate to other men is by reenacting their boyhood and adolescence.

**The commercials imply that drinking has no consequences—
or none that are cause for concern.**

"Since beer is presented as a medium of male-bonding, it can also be seen as a facilitator for such juvenile behavior. The saying "boys will be boys" is applied here to males of all ages. The problem is that these commercials not only imply that men can drink beer and act like boys; they also imply that boys can drink beer and act like men."

The study dissects a Michelob commercial featuring a music video with fast-changing images of urban streets at night and indoor scenes of bars and clubs, with a lyric referring to "wheels" being "ready to turn" while the singer says he moves better in the night and won't stop until daylight.

"The Michelob music-video depicts the city at night as a romantic playground for young, affluent singles. It promotes the fantasized lifestyle of young people who live in or near a major urban area . . . . Daytime belongs to the world of adults, but the night belongs to young people and, as the slogan tells us, to Michelob, which "owns" the night—and presumably, therefore, the young people out in it."

The study found Budweiser commercials to be the most blatant in linking beer with high speed in automobiles and motor boats. The company sponsors many sporting events and its commercials support the broadcasting of numerous spectator sports. One commercial in the group studies includes fast-pace cutting of film footage of speeding cars and a rock rendition of the Budweiser jingle.

"Although the beer itself does not appear, there is no ambiguity about what the name Budweiser stands for," the researchers say. "For young men both racing and drinking are seen as masculine behaviors. Both involve a challenge to be overcome: maintaining control of the automobile on the one hand, holding one's liquor on the other. Both provide a sense of freedom, exhilaration, and power over one's environment. And both activities cannot be legally engaged in until one reaches a certain age. Thus they are two of the most important markers in American culture. The legal drinking age and the legal driving age are major boundaries between childhood and adulthood; they separate the men from the boys."

**Beer is represented as an essential element in masculinity.**

Beer companies augment paid advertising by sponsoring sports events and individual competitors, including race drivers. Study shows dangerous association between beer-drinking and high-risk activities.

**Racing and drinking are seen as masculine behavior—both involve a challenge to be overcome.**

Beer commercials taken as a whole promote the idea that one must drink beer to be a real man in America, the study concludes. "Beer is represented as the medium through which one demonstrates one's masculinity, is initiated into the adult world, communicates with other men, expresses feelings towards them, preserves and recaptures the history of one's group of male friends, and makes romantic contacts with women. Beer is represented, in short, as an essential element in masculinity, so that the one cannot be attained without the other.

"In our view, this is a powerful, distorted, and dangerous message to broadcast to young people and should, all by itself, be a cause for review of public policies governing television advertising of beer—its relationship to the more specific problems of drinking and driving aside."

Copies of the report titled "Myths, Men and Beer" may be obtained from local AAA motor clubs or by writing directly to the AAA Foundation for Traffic Safety, 2990 Telestar Court, Suite 100, Falls Church, VA 22042.

Source: Prevention File/Summer 1988

LESSON #4e
Social Studies

Discovering a Topic Through Brainstorming

## ALCOHOL, ACCIDENTS AND CRIME

A study of the involvement of alcohol in accidents and crime raises many questions and reveals the need for continued investigation. The mere presence of alcohol does not determine a cause and effect relationship. The fact that alcohol is responsible for the event is not clearly indicated in the literature. Based on the range of results, it is apparent that there is a great deal of variation among research designs. The information presented below is an attempt to create a general awareness of alcohol's potential involvement in crime and casualties. Unless specified, statistics reflect national studies. References are available for all studies quoted.

### ACCIDENTS AND INJURIES

- In Minnesota during 1983, 638 injury deaths were related to alcohol abuse. This represented 31.2% of injury deaths and 57.5% of alcohol-related deaths. Almost half of the alcohol-related deaths were from motor vehicle crashes.

#### Falls

- Excluding automobile injuries, home or public places are the most common sites for injuries. Falls account for 60% of injuries.
- Falls from alcohol-related incidents account for 41% of deaths.

#### Drownings/Boating Injuries

- Alcohol affects a victim's judgment and coordination. Swallowing and breathing reflexes are impaired, leaving an individual unable to react appropriately when problems develop.
- Based on research data, the Minnesota Department of Health estimates that 30% of drowning deaths are alcohol-related.
- Research completed by Abel and Zeidenberg, 1984, reported that 26% of drowning victims in New York had at least a 0.10 mg% BAC.
- According to the Minnesota Department of Natural Resources, in 1983 33% of boat operators had been drinking at the time of their boating accidents.
- From January 1 to September 10, 1986, there were 140 non-fatal boating accidents. Twenty-one percent were alcohol-related. During the same time period in 1985, 52% were alcohol-related.
- Twenty-five percent of boating deaths from January to September 1986 were alcohol-related.

Fires

- Alcohol involvement in accidental fires and burns has been investigated. The research may examine the issue from two different perspectives. Alcohol may be the cause of the fire or it may be an intensifier of negative consequences, for instance, an inability to make a phone call or escape from a fire.
- Results of studies vary but there is a consistent finding that between 45-55% of all fire fatalities are alcohol-related.
- A study conducted at John Hopkins University found alcohol present in approximately 60% of fires caused by smoking, and in 30% of the cases studied alcohol was a factor in the inability of victims to escape.

Workplace Injuries

- The prevalence of alcohol abuse in the workplace tends to vary with types of work and with ethnic background. Problem drinking is common in certain occupations. Among Minnesota men, crafts and sales workers appear to be the heaviest drinkers. Differences between occupational categories for women is slight.
- Work-related accidents were responsible for 13,000 fatalities in 1980 and 80,000 persons were partially or totally, permanently disabled.
- The National Council on Alcoholism reports on the alcoholic employee. They estimate that the alcoholic worker "is involved in four to six times as many off-the-job accidents and two to four times as many on-the-job accidents."

## CRIME

Homicides

- A review of studies by the Minnesota Department of Health divided victims of homicide into two groups. One group was homicide victims where alcohol was present without specifying alcohol blood levels; 55-75% had been drinking. The second group was victims where alcohol blood levels were equal to or greater than 0.10 mg%. Thirty-one to 51% had levels greater than 0.10 mg%.
- Wolfgang's landmark study in Philadelphia indicated that either the victim, the offender or both had been drinking in two-thirds of the slayings he studied and in 44% of the cases, both had been consuming alcohol.
- Alcohol appears part of the lifestyle of low income young males who are most apt to commit murders. Even if drinking has disinhibitory effects or long-term effects on mental functioning which would contribute to violence, it is unrealistic to cite alcohol as the major cause of

anger and frustration in society which also contribute to high murder rates. However, it is not realistic to dismiss alcohol altogether. The frequent association of alcohol in murders is more than coincidental. At this point, because of inherent difficulties in studying homicide, one can only conclude that alcohol use is one of many factors which may independently contribute to some types of murders.

### Rape

- Results of a study of 382 rapists in a state mental institution found 81% of the alcoholics and 25% of the nonalcoholics drank before the assault. In another group, 53% of mentally disturbed sex offenders reported drinking heavily.
- Two studies found that between 27-33% of rapists had a history of alcoholism. The proportion of alcoholics in the general population is much lower.
- Studies suggest that people who commit rape are disproportionately likely to have been drinking. Disinhibition thereby suggests that alcohol releases otherwise controlled sexual or aggressive behaviors. A social learning model of alcohol-associated rape seems to suggest that drinking is seen as a way for not taking responsibility for actions and thereby avoiding punishment, social disapproval or guilt for rape. It appears there is connection between drinking and rape but it may be overstated.

### Suicide

- Alcoholism may contribute to a number of problems that precipitate suicide. Separation and divorce rates are high among alcoholics. Depression is common during prolonged drinking bouts and during some phases of alcohol withdrawal. Alcoholism also causes debilitating and life-threatening problems where suicide could become a response. However, what makes it hard to discern about alcohol's role in suicide is when it co-exists with other problems. For example, 25% of female alcoholics have diagnosable depression. It would be impossible to determine if the depression or the alcoholism caused the suicide.
- Roizen (1982) indicates that 10% of attempters and completers had drinking problems.
- Hatsky (1981) reported that people consuming more than six drinks a day as a group were twice as likely to die from suicide over a 10-year follow-up period as age- and sex-matched light drinkers and abstainers.

Berry, R.E. and Boland, J.P. ***The Economic Cost of Alcohol Abuse***. New York: The Free Press, 1977.

NIAAA, Alcohol and Health, DeLuca, J.R., ed. ***Special Report to the U.S. Congress***. Rockville, MD: The Institute, 1983.

***Review and Cost of Alcohol Abuse in Minnesota***, Minnesota Department of Health: July 1985.

Roizen, J. Estimating Alcohol Involvement in Serious Events. In: NIAAA. ***Alcohol Consumption and Related Problems***. Alcohol and Health Monograph No. 1. Rockville, MD: The Institute, 1982.

For more information on the role of alcohol in accidents and crime or related topics, write to the Minnesota Prevention Resource Center, 2829 Verndale Avenue, Anoka, MN 55303. (612) 427-5310.

LESSON #4f
Social Studies

**Crimebusters**

## MOST SERIOUS CRIMES ARE LINKED TO DRUG USE
## 12-CITY STUDY

From half to three-fourths of the men arrested for serious crimes in 12 major cities tested positive for recent use of illegal drugs, according to a study announced by the Justice Department on Thursday.

"Overwhelming evidence now exists that links drug use to criminal activity," Attorney General Edwin Meese III said in Washington. "Drug abuse by criminal suspects far exceeds the estimated use in the general population, where it appears to be leveling off. Among criminal defendants, however, it seems to be increasing."

The study, the first to test people nationally for drug use at the time of arrest, is the latest in a growing body of research that indicates links between the problems of crime and drugs and, ultimately, prison overcrowding.

The findings, based on voluntary urine tests of more than 2,000 men arrested by local police departments in June and November, showed a range in positive results for drugs, from 53 percent in Phoenix to 79 percent in New York City. In San Diego, 75 percent tested positive, and in Los Angeles, 69 percent.

The overall average was 70 percent, according to Eric Wish, visiting fellow at the National Institute of Justice. The survey tested for heroin, cocaine, PCP, marijuana and amphetamines.

In the past, law-enforcement officials had estimated that 20 percent of people arrested for serious crimes were involved in recent drug use, according to James K. Stewart, director of the National Institute of Justice, the research arm of the Justice Department, which sponsored the study. Those estimates were based on interviews with suspects and offenders rather than on urine tests.

"It was much higher than anyone had anticipated," Stewart said of the latest findings. "If we are going to do something about the crime rate, we are going to have to confront the drug problem."

As evidence mounts that drugs play a crucial role in urban street crime, some cities and states increasingly are using drug tests to identify the worst criminal offenders, and using treatment of drug abuse to alter criminal behavior.

The new findings, Stewart said, should lead local police and other government agencies to consider allocating more resources against drug abuse as a way of combating burglary, assaults and other street crimes.

In addition, the new study helped to spotlight two diverging drug trends, other experts said. Other recent studies indicate that the majority of Americans appear to be turning away from the use of illegal drugs, but the problem may still be getting worse among the poorest of society.

Even excluding tests from marijuana, a substance whose link to criminal activities is disputed, the positive results for drug use were surprisingly high, according to researchers who conducted the study. Those positive results ranged from 25 percent in Indianapolis to 74 percent in Washington, DC.

The results of tests of women who had been arrested were not yet available, the researchers said, but preliminary data indicated that drug use was even higher among them.

A number of experts, including some critics of the Reagan administration's anti-drug policies, said the new research underscored a need for alternatives to imprisonment at a time when drug abuse sends waves of new offenders into overcrowded courts, jails and prisons. Some critics called for an expansion of drug-treatment programs and for drug testing of prisoners awaiting trial and released on parole.

The findings are the first data from the Drug Use Forecasting System, a program founded last year by the National Institute of Justice to test those arrested every three months in the nation's large cities.

Stewart said most of the men tested in the study had been arrested for serious street crimes such as burglary, grand larceny and assault. Few had been arrested for drug dealing or drunken driving or disturbing the peace. The tests indicated that the majority of those arrested had used drugs in the past 24-48 hours.

The relationship between drugs and crime is a matter of debate among social scientists. Many researchers say criminals commit more crimes when they are using drugs for several reasons: to get money to purchase drugs, because drug use can lead to erratic and sometimes criminal behavior, and because the heavy use of heroin, cocaine and PCP often leads the user into a subculture of illegality.

The study may be a good indicator of drug-use patterns among people likely to commit street crimes, the majority of whom come from the nation's poor neighborhoods. According to Wish, the new data combined with other pilot studies of prisoners in New York and Washington indicate a striking growth of cocaine use in the past three years—a time when the growth of cocaine use appeared to have leveled off among middle-class users.

The study was based on urine taken from about 200 prisoners in each of the central booking facilities in the 12 cities, Stewart said. In five cities, the process was repeated three months after the first sample was taken.

Prisoners who entered the facilities were selected by interviewers using a list of priorities: those arrested for non-drug-related felonies were given preference.

Those charged with drug-related crimes were kept at less than 25 percent of the sample, Wish said.

"We didn't want to do a study of drug offenders and just say drug offenders are doing drugs," Wish said.

Although test results for marijuana showed drug use over the past 30 days, the tests for cocaine and heroin only showed positive for those who had used those drugs in the past 48 hours.

The positive results for cocaine ranged from 63 percent in New York to 11 percent in Indianapolis. The positive results for heroin and other opiates ranged from 26 percent in New York to 2 percent in Fort Lauderdale, Florida.

Multiple drug use is "better than anything else" researchers have found in identifying high-rate offenders who each may commit hundreds of crimes a year, Stewart said.

**Arrested men show drug use**

The following are the percentages of men arrested for serious crimes in each city who tested positive for illegal drug use. Because not all suspects were tested, the ranking of the cities is not precise.

| | |
|---|---|
| New York | 79 |
| Washington | 77 |
| San Diego | 75 |
| Chicago | 73 |
| New Orleans | 72 |
| Los Angeles | 69 |
| Detroit | 66 |
| Fort Lauderdale | 65 |
| Indianapolis | 60 |
| Phoenix | 53 |

By Peter Kerr,
The New York Times
Reprinted from Orange County Register, January 22, 1988

LESSON #5

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 11-12

SUBJECT AREA: Social Studies (Psych, Soc, Current Issues)

LESSON OBJECTIVES:

| | | |
|---|---|---|
| Content Area: | Students will be able to list the various forms of family structure. Students will be able to compare and contrast healthy and unhealthy families. Students will be able to identify the various survival roles in a dysfunctional family. | CCG: 5, 6, 8 |
| AOD Prevention: | Students will be able to recognize how alcohol and other drug use can cause dysfunctional behaviors throughout an entire family. | AOD: 4, 5, 6, 8 |

LESSON DIRECTIONS:

1. Discuss a definition of "family" (an emotional field that goes back two generations: child, siblings, parents and grandparents).
2. Brainstorm and discuss various family structures. Include: traditional nuclear families, single parent families, step-families, blended families, extended families, children living with relatives other than parents, children living with friends, living alone, living in adoptive homes, foster homes, group homes, etc.
3. Compare and contrast characteristics of functional and dysfunctional families (see Appendix A), giving examples.
4. Discuss the family's stages of adaptation to crisis (see Appendix B).
5. Discuss survival roles in a dysfunctional family using cooperative learning. (See background in Appendix C of this lesson.)
6. Form heterogeneous home teams of students with five students per group. Assign a number to the following family roles. Hand out materials to each student, according to their assigned number. Ask them to read their role silently.

   Number 1: Chief enabler
   Number 2: Family hero
   Number 3: Family scapegoat
   Number 4: Lost child
   Number 5: Family mascot

7. Ask students to assemble in expert groups by numbers. All one's meet in the same group, all two's, etc. Each group should discuss

their particular assigned role, how a person playing such a role might behave, what their inner feelings are, and what the future might be like for them with and without help. Decide how to teach home teams.

8. Reassemble in original home teams. Each member will teach the other group members about their role. Then, each group will role play a situation that might occur in a chemically dependent dysfunctional family, using these survival roles with name tags that define their roles.

   Examples of situations might be:

   a. The family reacts to father coming home drunk after spending most of his paycheck.
   b. The family scapegoat gets suspended for acting out behaviors at school.
   c. Mom is the chemically dependent "breadwinner."

9. Discuss how the use of chemicals affects the whole family. Students may brainstorm ways in which the family may be affected in one way or another.

10. Debrief and compare how expert groups and home teams worked together. What will they do next time when working in cooperative groups? ("Debriefing")

Time: 1 lesson, 45-55 minutes

Follow-up: Extension role-playing activity. Divide students into groups of six. Each student takes one of the survival roles in a dysfunctional family. Create typical family problem scenarios. An example would be: someone failed to secure the latch on the back door and the family dog escaped and bit a child next door. Each student will respond in a manner consistent with his or her assigned role. The family members might respond to each other as they deal with the problems associated with this incident. Class discussion critiques the role playing. Other groups follow the same process, each with a different situation. Now each of the original groups should respond to the same incident as they did the first time, but this time they are to respond using the techniques of healthy family members using a problem-solving model. The teacher may preteach or lead them through identification of steps to follow in this problem-solving process.

MODIFY FOR SPECIAL NEEDS STUDENTS: Teacher acts out each role rather than giving the roles abstract labels.

MATERIALS NEEDED: Handouts on survival roles; large name tags or signs to identify family roles for the role play; name tags (optional); pens.

TEACHER PREP: See appendixes

TEACHER BACKGROUND: See attached appendices for information on functional and dysfunctional families.

LESSON #5a
Social Studies

## APPENDIX A

## FUNCTIONAL AND DYSFUNCTIONAL FAMILIES

Families operate as a system. Roles, relationships, communication styles, and power distribution balance the system like a mobile. When the system becomes unbalanced by a crisis such as a terminal illness or death, families react and adjust in a manner that will rebalance the system. In healthy family systems, both system and individual needs are met. The system is open, fluid and predictable. No family is healthy all the time. The goal is to maintain homeostasis, or balance.

In a dysfunctional family, there is an unequal distribution of roles, relationships, communication styles and power, which upsets the balance. Unhealthy subsystems and coalitions develop to balance the needs of the family members. The dysfunctional family has a difficult time adjusting to a crisis.

Golden rule under which dysfunctional families operate: Don't talk, don't trust, don't feel.

Family structures have boundaries that reflect the health of that family:

1. Clear Boundaries (ideal family)

    Parents F M
    Children C1 C2 C3 C4

    The hierarchy is clear, members are able to communicate, boundaries are permeable and members have access to each other.

2. Diffused Boundaries (enmeshed family)

    Parents F M
    Children C1 C2 C3 C4

    Members live solely for each other, cut off from outside systems. A minor crisis for one becomes a crisis for all of the family. Boundaries are too permeable. Family members move around, become unequally distributed. Parent and child may switch roles.

3. Rigid Boundaries (disengaged family)

    Parents F M
    Children C1 C2 C3 C4

    This is an isolated subsystem with no communication, and characterized by apathy. Crises have to reach major proportions before they will act.

## APPENDIX B

## FAMILY ADAPTATION TO CRISIS

At any time an event can cause a family to become dysfunctional. The events could be a serious accident, death of a family member, a chronic or terminal illness of a family member or substance abuse by a family member, whether parent or child.

The family who experiences such a crisis typically goes through stages of adaptation similar to the stages of grief. For example, a family member has been diagnosed as having a terminal illness:

Stages:

1. Denial: "It can't happen to me. It can't happen to my family."
2. Anger (displaced anger): "Why me? Why my family member?"
3. Bargaining (hopeful time): "If I . . ., then . . . ."
4. Depression (adjusting to loss): Grieving their own loss or the loss of the family member.
5. Acceptance: Peaceful resolution to the illness.

How would these stages be seen if the illness were chemical dependency?

## APPENDIX C

## SURVIVAL ROLES

1. Victim (chemically dependent person):

   A person with inner feeling of pain, guilt, shame, hurt and fear. Hides behind wall of defenses with anger, aggression, charm, rigidity, perfectionism, grandiosity and/or righteousness.

2. Chief Enabler (often the spouse):

   This person hides feelings of anger, fear, guilt and pain behind walls of powerlessness, seriousness, self-blame, super-responsibility, manipulation, self-pity, fragility.

3. Family Hero or Caretaker:

   The role is to provide self-worth to the family. Often the oldest child or "breadwinner" parent. Hides feelings of loneliness, anger, inadequacy, hurt and confusion behind walls of defenses or working hard for approval, being all-together, successful, super-responsible, special; develops independent life away from family.

4. Scapegoat or Problem Child:

   This role is to provide distraction and focus to the family. May be chemically dependent. Hides feelings of loneliness, anger, fear, hurt, rejection behind walls of sullenness, acting out, defiance, withdrawal, chemical use, unplanned pregnancy, strong peer values.

5. Lost Child:

   The role is to offer relief as this is the one child the family doesn't have to worry about. Hides feelings of hurt, loneliness, inadequacy and anger behind walls of withdrawal, aloofness, quietness, distance, rejection, being super-independent, sometimes overweight.

6. Mascot:

   The role is to provide fun and humor, to relieve tension. Hides feelings of fear, insecurity, confusion, loneliness behind walls of humor, clowning, hyperactivity, fragility, being super cute, anything to attract attention.

# THE CHARACTERISTICS —TRAITS — FEELINGS AND BEHAVIORS OF CHILDREN OF ALCOHOLICS

| The name of the game or the mode of survival | What you see or visible traits. Outside behavior. | What you don't see, or the inside story. Feelings. | What he/she represents to the family why they play along. | As an adult without help, this is very possible. | As an adult with help, this is also very possible. |
|---|---|---|---|---|---|
| THE FAMILY HERO or SUPER KID | "The little mother" "The little man of the family." Always does what's right, over achiever, over responsible, needs everyone's approval. Not much fun. | Hurt, inadequate, confusion, guilt, fear, low self-esteem, progressive disease, so never can do enough—hides feelings. | Provides self-worth to the family, someone to be proud of. | Workaholic, never wrong, marry a dependent person, need to control & manipulate, compulsive, can't say no, can't fail. | Competent, organized, responsible, make good managers |
| THE SCAPEGOAT or PROBLEM KID | Hostility & defiance, withdrawn, sullen, gets negative attention, won't compete, troublemaker. | Hurt & abandoned, anger & rejection, feels totally inadequate & no/low self-worth. | Take the focus, takes the heat, "see what he's done" "Leave me alone." | Alcoholic or addict, unplanned pregnancy, cops & prisons. TROUBLE. | Recovery, has courage, good under pressure, can see reality, can help others. |
| THE LOST CHILD or "Where/Who is he?" | Loner, day dreamer, solitary (alone) rewards, i.e., food, withdrawn, drifts & floats through life, not missed for days, quiet, shy & ignored. | Unimportant, not allowed to have feelings, loneliness, hurt & abandoned, defeated and given up. Fear. | Relief, at least one kid not to worry about. | Indecisive, no zest, no fun, stays the same, alone or promiscuous, dies early, can't say No. | Independent, talented & creative. Imaginative, assertive & resourceful. |
| THE MASCOT or FAMILY CLOWN | Super cute, immature & anything for a laugh or attention, fragile & needful of protection, hyperactive, short attention span, learning disabilities, anxious. | Low self-esteem, terror, lonely, inadequate & unimportant. | Comic relief, fun & humor. | Compulsive clown, lampshade on head, etc. Can't handle stress, marry a "hero," always on verge of hysterics. | Charming host & person, good with company, quick with good sense of humor, independent. Helpful. |

| SYMPTOMS | SOCIETY'S VIEW | PARENTS' PERCEPTION | PATHOLOGY | CHILD'S FEELINGS |
|---|---|---|---|---|
| Workaholism | Successful Amer. Dream | Proud Success | Driven | Lonely/tired |
| Caretaker | Loving & Dependable | Mature & Responsible | Unable to get needs met | Unloved & inadequate |
| Controlling | Strong leaders | Organized | Manipulator | Afraid & unsure |
| Chronic, sickly | Fragile | Attractive | Manipulator | Angry |
| Anorexic | Fashionable | Medical problem, "embarrassed" | Starving feelings | Inadequate & angry |
| Overweight | Scorned | "Wonderfully" self-disciplined | Feeding feelings | Inadequate & angry |
| Perfectionistic | "Very" dependable | Very selective, high standards | Compulsive | Guilty & inadequate |
| Relationship problems | Independent | Friendly | Inability to relate | Afraid/hurt |
| Peer worship | Conforming/cool | "Daddy's Girl" | Socially inept | Fear |
| Spouse surrogate | Close family relationship | "Mommy's Boy" | Emotional incest | Power |
| Emotional binging | Overly sensitive | Fully honest | Blaming/controlling | Righteousness |
| Undying loyalty | Brave, admirable | Traditional | Fear | Insecurity |

LESSON #6

# 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-12

SUBJECT AREA: Social Studies (American History)

LESSON OBJECTIVES:

Content Area: Through various activities involving brainstorming, research and critical thinking, student will be able to identify the main issues, both current and historical, concerning tobacco. They should be able to effectively communicate this knowledge and orally support their viewpoints with accurate information in a debate.

CCG: 1, 4, 5

AOD Prevention: In order to better understand the issues surrounding tobacco, students will research historical and current information on tobacco. They will critically evaluate this information and listen to arguments for and against certain issues so that they ultimately are able to make a decision as to where they personally stand on the tobacco issues related to health.

AOD: 4

LESSON DIRECTIONS:

Lesson 1: A Review of the Historical Importance of Tobacco

1. Create situations around the room, with chart or butcher paper at each station. Divide the class into heterogeneous groups of five to six students and assign each to a station. ("Management Hints—How to Group") Discuss with students how they will work in their groups. ("Process/Social Skills—How to Teach") As a review, ask each group to brainstorm on the topic of tobacco. Encourage groups to write down as much information as they can concerning tobacco and its general involvement in the history of America. Allow approximately 15 minutes for this activity.

2. In order to assure that students get as much information as possible, each group should rotate into the next group's area. Each rotation will take two minutes. In this time, the new group will add as much information to the others' chart as they can. Therefore, after each group has returned to their original charts, all charts will be complete.

3. Now pose a question to each of the groups that will require some critical thinking skills. For example:

   a. How did the growing tobacco industry affect the slave industry?

   b. In what ways did the increase in tobacco exportation lead to more confrontations between the colonies and England?

4. Use these brainstorming sessions as a review of the topic and as a method of preparing the students for a class discussion. Lead a discussion by asking groups to report on their ideas.

5. Once students seem to have a grasp on the historical knowledge of tobacco, lead them to evaluate tobacco as an economic product today. Again, ask them to break into their groups to discuss tobacco's part in today's society. Pose a series of questions to the class in order to give them direction.

   a. How is tobacco viewed today? Is it an important crop?
   b. Do you think that it contributes a large amount of income to our farming industry?
   c. How does the growing of tobacco contribute to the establishment of other jobs?
   d. What information leads you to think that the tobacco industry is successful or unsuccessful.
   e. Is the tobacco industry on the rise or decline? Why?
   f. Many of the early colonists were directly involved in the tobacco industry. How do you personally come in contact with the tobacco industry?

6. Lead the class in a discussion concerning these main topics. Discuss only the students' responses, though, because they will be doing research to verify or disprove their previous answers. Do not pass any judgments on the responses of the students. Act ONLY as a facilitator. Hopefully, the students will control the discussion and in turn will have an opportunity to practice their arguments.

7. Debrief how effectively cooperative learning groups worked together. ("Debriefing/Reflection") Set a goal for working together in Lesson 2.

Lesson 2: Preliminary Research on Recent Issues Regarding Tobacco

1. Review group goals set during Lesson 1 for working together.

2. Obtain FREE pamphlets, brochures and booklets from the American Cancer Society. Give each group a different source of information. Each group will then study its pamphlet, for example, taking note of any important points or statistics. Allow 25 min-

utes for the groups to read, research and discuss among themselves their source of information.

3. Each group will then give a brief presentation to the class on their findings. During the presentations, all other students will take notes. Presentations should be a maximum of five minutes each.

4. Lead a general class discussion of the students' group efforts as well as newly gained knowledge. Related to questions discussed at the end of Lesson 1 (see steps 6 and 7).

Lesson 3 and 4: Debate Procedures and Preparation

1. Open the lesson with the following statement:

   A major news flash has just come to my attention. The year is 1620 and the place is England. A space traveler from the late twentieth century has landed in England. He has brought with him various sources of information that identify tobacco as a drug that causes many diseases, some of them fatal. He has advised the King to stop importation of tobacco and to ban any more growth of the product.

   Tell the students that when the colonists heard this news, they were angered and appalled. They decided to confront the King. A debate is scheduled between some representatives of the colonies and the advisory board to the King on May 28, 1620.

2. Divide the class in half to represent the debate teams, making sure they are academically balanced.

3. Set standards for the debate so that the students are aware of the goals and in what direction they should proceed. Each student will be involved in the research and planning of the debate; however, only four students from each side will debate the issues. Some of the colonists and English will conduct extensive research on the historical facts and issues of tobacco, while others on each side will research the current facts and issues. In order to ensure that both groups have all the critical information, one group from each side will research the opposing viewpoint. The groups on each side will convene, share researched information, and the members will elect the four students to represent them. Encourage students to be creative, take on personalities of credible sources, use props, etc. In order to maintain the structure of the debate, each student will have two minutes to make a statement, and the opposition will have one minute for a rebuttal.

4. Provide the students with various sources of information (encyclopedias, articles, pamphlets, see Bibliography). The students should be given at least two days to research both the information provided and to perform outside research. In this way, they will be able to both gather and evaluate the information so as to organize the key facts that they will focus on in the debate. The research can take place in the language arts period of the day where further researching skills can be taught simultaneously. It is important that the instructor be available to direct the researching so that the goals are being met.

5. It is important that all students participate in the research and become familiar with all of the information. To ensure this, provide a time for instructor/groups discussion on how they may effectively work together. ("How to Teach—Process/Social Skill") Select appropriate skill(s) to enhance the group process. Provide sufficient copies of articles, etc. so that at least three students can review the same article. Those that read the same piece of information can then meet and discuss as a group the main points, becoming "experts" on that topic. The various experts on each side will then share as a group their total findings.

6. At the end of the period, take a few minutes to debrief by discussing how effectively their groups functioned.

Lesson 5: The Debate

1. Review with students the standards of the debate and proceed with the debate. In order to involve the other class members, ask them to record or keep track of the main points made in the debate. A few students should act as arbitrators of the debate, and one student should time participants' statements.

2. It will be important to conduct a classroom discussion following the debate. Ask students to summarize the main facts of the debate. Ask the class their opinion of the debate, and in which direction they felt it went. This is also a good opportunity to add any important facts that may not have been included in the debate.

   What do they think would have happened if England had stopped importation of tobacco? What would the colonists have done?

3. Now that the students have done sufficient research on the topic of tobacco, covering historical and current issues, ask them to

write a brief paragraph describing their position, and whether or not it had altered at all over the past few days.

| | |
|---|---|
| Time: | 5 lessons, 45-55 minutes each |
| Follow-up: | |
| MODIFY FOR SPECIAL NEEDS STUDENTS: | Pretrain students to use cooperative learning groups effectively. |
| MATERIALS NEEDED: | Felt tip markers; chart paper; pencils; paper; information sources (see Bibliography for suggestions). |
| TEACHER PREP: | Brainstorming; cooperative learning; learning together; debate; discussion; notetaking; questioning; research. |
| TEACHER BACKGROUND: | |

## 9-12 DRUG AND ALCOHOL INFUSION LESSON PLAN

GRADE LEVEL: 9-10

SUBJECT AREA: Social Studies (Global Studies, World History)

LESSON OBJECTIVES:

Content Area: Students will learn about the Opium Wars, an important event in the history of China, as well as increase their understanding of economics and international trade, while improving critical thinking and communicable skills. CCG: 1, 2, 4, 5

AOD Prevention: Students will learn about the pharmacological effects and addictive properties of opium in order to understand its power over the Chinese people. Through critical analysis of the Opium Wars, they will understand that the British were able to sell opium in China because of the Chinese addiction to it. Students will focus on addictive substances in American society and decide what they can do to help combat the problem. AOD: 4, 7

LESSON DIRECTIONS:

1. To get the students' attention and motivation, shock them with an opening statement such as:

   Isn't it terrible?
   What?
   Didn't you know the Noridians have declared war on the United States?
   Why?
   Well, they're angry because they buy lots of products from us, but we are trying to stop them from selling one of their main products—cocaine, to us! What do you think about this?

   Allow time for discussion about whether or not this is fair. Accept all ideas.

2. Now, make it clear to students that this situation is not actually true. However, a similar situation existed between England and China in the years between 1839-1842. Their conflict centered around the drug opium, which is a highly addictive narcotic.

3. Before you continue, students need to understand what opium is: its pharmacological effects on the body and its addictive properties. To do this, students should be divided into cooperative learning groups of four students and asked to number off within

their groups. Each group member will be assigned a specific responsibility.

a. Recorder: Writes down group ideas.
b. Organizer: Conducts discussion and makes sure all members get a chance to speak.
c. Timer: Makes sure group finishes within the given time limit.
d. Reporter: Writes group findings on class chart.

Give each group a different piece of information on opium. The members of each group should read the information and come to agreement on the key points that they would like to share with the rest of the class.

Assign a social skill. ("Process/Social Skills—How to Teach") Encouraging would be an appropriate choice.

4. Organize the chalkboard or large butcher paper into a chart with the following heading:

   - Origin (where it comes from)
   - Types of opiates
   - Harmful effect on the body

   As each group finds information for one of the topics, the reporters are sent to write information under the proper headings on the chart. They do not repeat any facts that may have already been recorded by another group on the chart.

5. Lead a lecture/discussion of the following topics. Students may take brief notes and/or the instructor may wish to take class notes using the overhead or chart paper. Whenever there is a question, students should turn to their cooperative learning groups and quietly discuss possible answers. The recorder should write down group ideas. Call on any student in the group to report the group's answers. ("Structures—Numbered Heads") Students may be called on more than once to report.

Discussion Topics:

*Every country has economic goals. Every country strives to sell as much to other countries as they buy from other countries in order to maintain a balance of trade.*

QUESTION: What happens when a country is buying more than it is selling? (deficit, negative cash flow)

QUESTION: Do you (the group) think that the U.S. is currently buying more than it is selling, selling more that it is buying, or maintaining a balance of trade? (It is buying more than selling, and there is a huge deficit that changes every minute because of interest, but it is over one trillion.)

Call on a number from each group to share their answers.

*England was suffering from an imbalance of trade with China. England was not selling as much to China as it was buying from China.*

QUESTION: Based on what you already know about China's main products, what do you think the English were buying from China? (Tea, silk and porcelain)

QUESTION: What do you think the Chinese were buying from England? (They were buying some products made in England's colonies, but the total value was only one-sixth the amount that the British were buying from them. The Chinese felt that they had everything they needed or wanted in their own country. The only products they seemed interested in were otter, beaver and seal skins from North America, but this was an American market.)

Students will probably not be able to come up with too many answers here, and that will help to demonstrate the trade imbalance.

Call on a number from each group to share their answers.

*The British East India Company decided to make up for this imbalance of trade between England and China by pouring illegal opium into China through the ports at Canton. During their first shipment of opium in 1773, they were not able to sell much opium. However, as time went by, the demand for opium grew. Between 1773 and 1820, the amount of opium smuggled into China by the East India Company increased by 42% and between 1820 and 1854 it increased by 1,846%! In 1833, half of the total value of British imports to China came from smuggling of opium into China.*

NOTE: Students should know that Canton was the only place in China where legal foreign trade was allowed, as a favor to foreigners. However, trade was on a restricted basis only; for instance, foreigners were only allowed to trade during winter months and only with certain Chinese merchants.

*Opium had been illegal in China since 1729. The laws and punishment were harsh.* Share the information following on the laws and punishments for involvement with opium and the descriptions of opium's effects on the individual and society. Discuss.

QUESTION: Based on what you have learned about opium and the information just shared, why do you think opium was illegal in China? (Opium is a highly addictive substance which is very destructive to individuals and society. Like most addictive substances, it takes control of the user's life and plays a large part in crime, loss of motivation and productivity, deterioration of the family structure, adverse health consequences, stimulation of black market activities, etc.)

Call on one member from each group to share answers.

NOTE: Although we do not have a problem with opium in the United States, we do have a problem with heroin, which is made from the opium poppy plant. Opiates are narcotic drugs. You may want to draw a parallel to this derivative of opium in the U.S.

*The Chinese made many attempts to stop the flow of opium into their country, but their addiction was widespread and the smuggling system was well developed. In March 1839, the Chinese Imperial Commissioner of Trade, Lin Tse-Hsu, arrived in Canton to put a stop to the opium traffic once and for all. He was the last of the Kinchae. (A Kinchae is a person appointed by the emperor to take on the powers of the emperor himself to carry out an important task. Only 4 have been appointed in the last 340 years.) Lin had all the opium in the holds of the British ships in Canton at that time confiscated and destroyed. (He had to dissolve it in trenches filled with water because there was so much of it that burning would have polluted the air, and if he had sent it on to the emperor it would have gotten into the hands of the Chinese people.) He also positioned Chinese war junks around the British ships and warehouses to prevent the flow of food to the British.*

*On November 30, 1839, the British sunk several Chinese war junks near Canton. War started. Two years later, after many battles, the Chinese surrendered to the British who had overpowered them and signed the treaty of Nanking. The treaty required China to open its ports of trade, let the British establish residence, and pay $21,000,000 over four years, among other things. There was no mention of opium or its traffic in the treaty.*

6. Option 1: In their groups, students answer the following questions. For this activity, ask students to switch jobs within the group. You can reproduce questions for the overhead so that all can see.

Option 2: Students may answer the following questions as homework. When the class meets the following day, groups will meet to make a group list of the answers they came up with. If students think about each answer ahead of time, they will be ready to contribute ideas.

Group Activities:

a. Make a list. On one side, list all the arguments you can think of in support of the British point of view. On the other side, list all arguments in support of the Chinese point of view. A minimum of two arguments per side is required.

b. Make a group decision. Do you think that the British had the right to trade their goods freely with China? Be ready to explain.

c. How did it become possible for the British to sell opium to the Chinese? (There was a market for it.)

d. Just as the Chinese had a problem with opium, are there addictive substances that we in the United States have a problem with as a nation? List as many as you can think of, legal or illegal.

e. What can we, as individuals and collectively, do to help stop or reduce the use of these addictive substances in our nation? Write down as may ideas as possible. Can you think of at least ten?

f. Circle all the ideas you wrote down that could be done right here at school. Would you be willing to try some of these ideas? Why or why not?

7. Allow time for each group to report their decisions to the class. Group reporters should give reasons for their group's decisions.

8. Debrief the lesson. (Process/Social Skills—Debriefing the Lesson)

Time: 1 or 2 lessons, 30-45 minutes

Follow-up: 1. Implement one or more of the student-generated ideas for school prevention activities.

2. Use the article "U.S. Cigarettes: Secret Pleasure in Korea" (next page) to stimulate a discussion about whether or not U.S. cigarette manufacturers have a right to market their cigarettes in other countries to make up for lost sales here at home. U.S. cigarette manufacturers are also marketing their product without warning labels in newly developing countries such as Papau, New Guinea, where they have virtually no programs or facilities to accommodate the health consequences associated with tobacco smoking. Students could take sides in a debate on this topic.

**MODIFY FOR SPECIAL NEEDS STUDENTS:** This lesson was originally designed for use with 6th graders. The background material might be presented by the teacher in simplified language, rather than read by the students.

**MATERIALS NEEDED:** Large butcher paper (or easels with pads of paper); felt tip pens; overhead and transparencies.

**TEACHER PREP:** Cooperative learning: numbered heads; group consensus; group discussion; lecture; questioning.

**TEACHER BACKGROUND:** History shows that as long as there is a demand for illegal drugs, suppliers will continue to meet that demand. See following news article for current information.

Attachment

# U.S. CIGARETTES: SECRET PLEASURE IN KOREA

by Karl Schoenberger, *Times Staff Writer*

SEOUL—When South Korean authorities lifted restrictions on the sale of imported tobacco this month, some Koreans became two-pack smokers—puffing away at domestic cigarettes in public but keeping a pack of foreign cigarettes to inhale in private.

The double life of tobacco addicts is one of the more peculiar manifestations of bubbling nationalism in South Korea. American brands are now widely available and nearly as cheap as the domestic competition. But smoking them is simply unpatriotic.

"Taxi drivers will yell at you if they see you with foreign cigarettes," said an urbane Korean smoker who switches from Parliament 100's to the popular, home-grown "88" brand—named after the 1988 Olympics—when he leaves the privacy of his office.

A prominent clergyman confesses that he smokes an occasional Lark at home but begs that his name not be published.

"Koreans may be smoking American cigarettes when they're alone, but they don't dare smoke them in public," said Chun Dai Lyun, general secretary of the Seoul YMCA and one of the organizers of a nationwide boycott of foreign tobacco. "They'd feel shame."

American cigarettes still carry a strong stigma, dating back to the 1950s, when they were bartered as a luxury currency in the war-flattened Korean economy. Smoking them was illegal until a few years ago, and they were available only through black-market channels.

Now the government has responded to lobbying by U.S. tobacco firms and a trade complaint by the U.S. Commerce Department by allowing full access to the Korean market, where about 80 billion cigarettes are smoked each year.

On July 1, import quotas were abolished and foreign tobacco firms were allowed to advertise and set competitive prices, a change that is expected to expand their share of the market from 0.2% to as much as 5% over the next year.

## Howls of Protest

The liberalization raised howls of protest—and spurious allegations of dumping—from the domestic tobacco industry, which is controlled by the state-run Korean Monopoly Corp. Opposition also came from an unexpected quarter: the smokers themselves.

Chun said his boycott campaign has taken root among the 300,000 active members of the Seoul YMCA and has spread to 37 local YMCA branches nationwide.

"The best thing is not to smoke," Chun said. "But if you can't quit, why not stay with a Korean brand?"

For some, the message takes on anti-U.S. overtones. South Korean's radical student movement has embraced the American cigarette boycott with a dogma that links the push for greater tobacco and agricultural import to a supposed U.S. conspiracy to divide the Korean peninsula militarily and weaken the South Korean economy.

U.S. industry executives see the resistance as a temporary phase.

"There's been a lot of emotion expressed in Korea," said Raymond K Donner, a spokesman for R.J. Reynolds Tobacco. "I think some of it is nationalistic and some of it is the exuberance of youth. Maybe it's something to be expected when you open up a market that has been closed for so many years."

The American side characterizes the tobacco flap as typical of immature economic relations with South Korea, which racked up a $9.6 billion trade surplus with the United States in 1987. U.S. officials point out that Korean growers exported twice as much tobacco, in the form of tobacco leaves, to the United States as the country imported in American cigarettes last year.

Secretary of State George P. Shultz blasted South Korea in a speech delivered in Seoul last Monday for expecting to enjoy the fruits of free exports to the United States while insisting on protecting its home markets. Shultz declared that the United States will continue to push for greater access.

But Korean critics say the tobacco dispute has as much to do with health issues as macroeconomics.

"The United States says cigarettes are not good for your health: 'Don't smoke,'" said Chun. "But at the same time they bring their cigarettes here and force open our markets. Sometimes we feel like this is another Opium War."

Los Angeles Times
Monday, July 25, 1988

6.7

RESOURCES

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# RESOURCES

## Parent-Student Protection of Rights Amendment

The Protection of Pupil Rights Amendment (PPRA) and the implementing regulations, the Students' Rights in Research, Experimental Activities, and Testing (34 CFR, Part 98), are intended to ensure greater opportunity for parents to participate in their children's education. These authorities, which apply to programs funded by the U.S. Department of Education (ED), protect the rights of parents and students in two ways. First, all instructional materials which will be used in connection with any ED funded research or experimental program must be made available for inspection by parents. Second, no student shall be required under an ED funded program to submit without prior parental consent to any testing or treatment designed to elicit information which will affect attitudes or beliefs if the primary purpose is to reveal any of the several listed categories of personal information:

1. political affiliation;
2. mental and psychological problems potentially embarrassing to the student or his or her family;
3. sexual behavior and attitudes;
4. illegal, antisocial, self-incriminating and demeaning behavior;
5. critical appraisals of other individuals with whom the student has close family relationships;
6. legally recognized privileged and analogous relationships, such as those of lawyers, physicians, and ministers; or
7. income, other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under a program.

## Parent-Child Communication Tips

Throughout this curriculum model, reference has been made to the need for good communication between parent and child. Good communication provides the ongoing basis for children to see their parents as sources of support, information, and help with the many potential problems associated with growing up. Good parent-child communication, therefore, becomes an essential element of all drug prevention efforts. Parents may not always have the skills to communicate effectively with their children especially as the children get older and into pre-adolescence and adolescence. Schools and their representatives can help parents develop appropriate communication skills by providing information, by directing them to good references on communication, and providing workshops and speakers dealing with parent-child communication.

The material printed below can be shared with parents in a variety of ways. While it would be useful to give this material to parents directly, it is equally important for them to talk about it with others and with professionals who can provide the appropriate context. Therefore, opportunities for communicating about communication should be provided during parent visits to the school and as a part of after-school and evening meetings and programs developed for parents.

## Tips for communicating effectively

Children and adults have different communication styles and different ways of responding in conversation. Therefore, effective communication between parents and children is not always easy to achieve.

### Listening

- Pay attention.
- Don't interrupt.
- Don't prepare what you will say while your child is speaking.
- Reserve judgment until your child has finished and has asked you for a response.

### Looking

- Be aware of your child's facial expression and body language. Is your child nervous or uncomfortable—frowning, drumming fingers, tapping a foot, looking at the clock? Or does your child seem relaxed—smiling, looking you in the eyes? Reading these signs will help parents know how the child is feeling.
- During the conversation, acknowledge what your child is saying—move your body forward if you are sitting, touch a shoulder if you are walking, or nod your head and make eye contact.

### Responding

- "I am very concerned about . . ." or "I understand that it is sometimes difficult . . ." are better ways to respond to your child than beginning sentences with "You should," or "If I were you," or "When I was your age we didn't . . ." Speaking for oneself sounds thoughtful and is less likely to be considered a lecture or an automatic response.
- If your child tells you something you don't want to hear, don't ignore the statement.
- Don't offer advice in response to every statement your child makes. It is better to listen carefully to what is being said and try to understand the real feelings behind the words.
- Make sure you understand what your child means. Repeat things to your child for confirmation.

## Facts About AIDS

Acquired immunodeficiency syndrome (AIDS) is a medical term for a variety of severe conditions related to the breakdown of the body's immune system as a result of infection with the human immunodeficiency virus (HIV), often referred to as the AIDS virus. A damaged immune system leaves a person vulnerable to a wide range of opportunistic cancers and infections—illnesses that a healthy immune system fights off easily. AIDS is the final state in a continuum of conditions resulting from infection with HIV. This continuum ranges from asymptomatic HIV infection (evidenced by development of HIV antibodies), to HIV infection with symptoms, and ultimately to AIDS.

An expanding body of research confirms that the virus is transmitted in three ways:

- Through vaginal, anal, and possibly oral intercourse with a person infected with HIV.
- Through direct entry of infected blood or blood components into the bloodstream, particularly by sharing needles, syringes, and other drug paraphernalia with an infected person during intravenous (IV) drug use.
- From mother to child in utero, during childbirth, or through breast feeding.

No vaccine exists to provide immunity to HIV, nor is there a cure for AIDS or HIV infection. Recent tests with drugs such as zidovudine have suggested that the course of the disease can be slowed, and clinical trials are underway to try to prevent or delay the onset of AIDS in HIV-infected persons.

Asymptomatic persons with HIV infection who look and feel healthy may infect other persons without realizing it. Several years may pass before an infected person shows clinical symptoms of HIV infection or AIDS. As few as a couple of months or as many as 10 or more years may pass from the time of HIV infection until the onset of symptoms. Although many deaths occur within two years of the disease's appearance, some patients have survived for five years and longer.

It is possible to become infected as a result of one exposure to infected blood, semen, or vaginal fluid; the risk seems to increase with repeated exposure through sexual intercourse or through sharing IV needles with HIV-infected persons.

Numerous scientific studies have shown that the AIDS virus, HIV, is not spread by indirect or casual (nonintimate) contact—for example, sneezing, shaking hands, hugging, perfunctory kissing, or being in the same classroom with someone who is infected.

Although the virus has been found in the tears, urine, and saliva of some infected persons, there are no documented cases of transmission through these mediums. A small number of health care workers have become infected through direct contact with HIV-infected blood. Among all AIDS cases reported in the United States, the cause of HIV transmission is undetermined in only 3 percent.

## High risk factors for adolescents

Several factors cause public health officials to be concerned that adolescents specifically are at risk of infection and of spreading HIV. These include:

- Amount of sexual activity. Half of all teenage girls in high school have had sexual intercourse, and 16 percent report having had four or more partners. In addition, 57 percent of 17-year-olds have had sexual intercourse.
- Lack of protection during sexual intercourse. Only one-third of sexually active teenagers use contraceptives regularly. Some 1.5 million teenagers—or one in 10—become pregnant each year.
- Prevalence of sexually transmitted diseases (STDs). Some 2.5 million teenagers contracted an STD in 1987, according to the Center for Disease Control. In addition to the evidence of teenage sexual activity provided by these data, research scientists consider some STDs to be a significant factor relating to susceptibility in HIV infection.

- Homosexual activity. Sexual experimentation by teenagers sometimes includes homosexual activity. Research in this area is considered incomplete, and the actual incidence of homosexual activity among adolescent males is not known. But risky sexual behavior places some young men at particular risk of HIV infection.
- Sexual abuse. The true incidence of child abuse is not known, but an estimated 250,000 to 500,000 children are sexually abused each year, according to a 1985 study by the Division of Maternal and Child Health, U.S. Department of Health and Human Services.
- Homeless youth. An estimated one million teenagers run away or are "pushed out" of their homes each year, many of whom become drug users and prostitutes. A study of New York found that 7 percent of homeless teenagers in that state are infected with the AIDS virus.
- Drug use. Surveys of approximately 10,000 high school students in 1987-88 about HIV-related behaviors (IV drug use and sexual intercourse) revealed that the percentage of students who reported ever injecting cocaine, heroin, or other illegal drugs ranged from 2.8 percent to 6.3 percent; more males than females reported this behavior, and the injection of illicit drugs was found to be more common among 17- to 18-year-olds than among younger students.

In addition to the high risk of HIV infection associated with intravenous drug use, drug use lowers inhibitions toward risky sexual behavior and can lower the body's immune responses.

Some teenagers are at greater risk of HIV infection than others because of an increased probability that they will engage in risk behaviors or because of an increased prevalence of HIV infection in their communities. Young people may be more likely to engage in risk behaviors in communities where IV drug use is common and where many teenagers become sexually active at an early age. In such communities, the prevalence of HIV infection may be or has the potential for being high, thus increasing the risk.

### Misconceptions among youth about AIDS

Many teenagers do not know the basic facts about AIDS. A 1986 study for young people in San Francisco revealed that 30 percent believed that AIDS could be cured if treated early and one-third did not know that AIDS could not be transmitted by merely touching someone with AIDS or by using a friend's comb. In addition, 22 percent of Massachusetts teenagers in a 1986 study did not know that AIDS can be transmitted by semen and 29 percent were unaware that it can be transmitted by vaginal secretions.

(Adapted from ***Reducing the Risk: A School Leader's Guide to AIDS Education***, 1989 by the National School Boards Association.)

### Signs of Drug Use

Changing patterns of performance, appearance, and behavior may signal use of drugs. The items in the first category listed below provide direct evidence of drug use; the items in the other categories offer signs that may indicate drug use. For this reason, adults should look for extreme changes in children's behavior, changes that together form a pattern associated with drug use. (Note: Many of these signs may also be exhibited by a child who is not using drugs but who may be having other problems at school or in the family.)

**Signs of drugs and drug paraphernalia**

- Possession of drug-related paraphernalia such as pipes, rolling papers, small decongestant bottles, or small butane torches.
- Possession of drugs or evidence of drugs, peculiar plants, or butts, seeds, or leaves in ashtrays or clothing pockets.
- Odor of drugs, smell of incense or other "cover-up" scents.

**Identification with drug culture**

- Drug-related magazines, slogans on clothing.
- Conversation and jokes that are preoccupied with drugs.
- Hostility in discussing drugs.

**Signs of physical deterioration**

- Memory lapses, short attention span, difficulty in concentration.
- Poor physical coordination, slurred or incoherent speech.
- Unhealthy appearance, indifference to hygiene and grooming.
- Bloodshot eyes, dilated pupils.

**Dramatic changes in school performance**

- Distinct downward turn in student's grades—not just from Cs to Fs, but from As to Bs and Cs. Assignments not completed.
- Increased absenteeism or tardiness.

**Changes in behavior**

- Chronic dishonesty (lying, stealing, cheating). Trouble with the police.
- Changes in friends, evasiveness in talking about new ones.
- Possession of large amounts of money.
- Increasing and inappropriate anger, hostility, irritability, secretiveness.
- Reduced motivation, energy, self-discipline, self-esteem.
- Diminished interest in extracurricular activities and hobbies.
- Association with drug-using friends.

**ACTION Drug Prevention Program.** ACTION, the Federal volunteer agency, works at the local, state, and national levels, to encourage and help fund the growth of youth, parents, and senior citizen groups and networks committed to helping youth remain drug free. ACTION can provide *Kids and Drugs: A Youth Leaders' Handbook* and a brochure called *Idea Exchange*, which outlines 32 drug-free activities for children and teens, including ideas for speakers, publicity, community involvement, and projects. Address: 806 Connecticut Avenue NW, Suite M-606, Washington, DC 20525; (202) 634-9292.

**American Council for Drug Education (ACDE).** ACDE organizes conferences; develops media campaigns; reviews scientific findings; publishes books, a quarterly newsletter, and education kits for physicians, schools, and libraries; and produces films. Address: 204 Monroe Street, Suite 110, Rockville, MD 20852; (301) 294-0600.

**Committees of Correspondence.** This organization provides a newsletter and bulletins on issues, ideas, and contacts. Publishes a resource list and pamphlets. Membership is $15. Address: 57 Conant Street, Room 113, Danvers, MA 09123; (617) 774-2641.

**Drug-Free Schools and Communities—Regional Centers Program, U.S. Department of Education.** This program is designed to help local school districts, state education agencies, and institutions of higher education to develop alcohol and drug education and prevention programs. Five regional centers provide training and technical assistance. For further information on center services, contact the center in your region:

- **Northeast Regional Center for Drug-Free Schools and Communities**
  12 Overton Avenue
  Sayville, NY 11782-0403
  (516) 589-7022

(Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont)

- **Southeast Regional Center for Drug-Free Schools and Communities**
  100 Edgewood Avenue, Suite 1110
  Atlanta, GA 30303
  (404) 688-9227

(Alabama, District of Columbia, Florida, Georgia, Kentucky, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, Virgin Islands, Puerto Rico)

- **Midwest Regional Center for Drug-Free Schools and Communities**
  2001 N Clybourn, Suite 302
  Chicago, IL 60614
  (312) 883-8888

(Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin)

- **Southwest Regional Center for Drug-Free Schools and Communities**
  555 Constitution Avenue
  Norman, OK 73037
  (405) 325-1454

(Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Utah)

- **Western Regional Center for Communities**
  101 SW Main Street, Suite 500
  Portland, OR 97204
  (503) 275-9476
  (800) 547-6339 (outside Oregon)

(Alaska, California, Hawaii, Idaho, Montana, Nevada, Oregon, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands, Republic of Palau)

**Drug-Free Schools and Communities—State and Local Programs, U.S. Department of Education.** This program provides each state educational agency and Governor's office with funds for alcohol and drug education and prevention programs in local schools and communities. For information on contact persons in your state, contact the U.S. Department of Education, Drug-Free Schools Staff, 400 Maryland Avenue SW, Washington, DC 20202-6151; (202) 732-4599.

**Families in Action.** This organization maintains a drug information center with more than 200,000 documents. Publishes *Drug Abuse Update*, a quarterly journal containing abstracts of articles published in medical and academic journals and newspapers. Write to: Families in Action, 1196 Henderson Mill Road, Suite 204, Atlanta, GA 30345; (404) 934-6364, $25 for four issues.

**"Just Say No" Clubs.** These nationwide clubs provide support and positive peer reinforcement to youngsters through workshops, seminars, newsletters, walk-a-thons, and a variety of other activities. Clubs are organized by schools, communities, and parent groups. "Just Say No" Foundation, 1777 N California Blvd., Suite 200, Walnut Creek, CA 94596; 1-800-258-2766 or (415) 936-6666.

**Narcotics Education, Inc.** This organization publishes pamphlets, books, teaching aids, posters, audiovisual aids, and prevention magazines designed for classroom use: WINNER for preteens and LISTEN for teens. Address: 6830 Laurel Street NW, Washington, DC 20012; 1-800-548-8700, or in the Washington, DC area, call (202) 722-6740.

**Parents' Resource Institute for Drug Education, Inc. (PRIDE).** This national resource and information center offers consultant services to parent groups, school personnel, and youth groups, and provides a drug-use survey service. It conducts an annual conference; publishes a newsletter, a youth group handbook, and other publications; and sells and rents books, films, videos, and slide programs. Membership is $20. Woodruff Bldg., Suite 1002, 100 Edgewood Avenue, Atlanta, GA 30303; 1-800-241-9746.

**TARGET.** Conducted by the National Federation of State High School Associations, an organization of interscholastic activities associations. TARGET offers workshops, training seminars, and an information bank on chemical use and prevention. It has a computerized referral service to substance abuse literature and prevention programs. National Federation of State High School Associations, 11724 Plaza Circle, PO Box 20626, Kansas City, MO 64195; (816) 464-5400.

**Toughlove.** This national self-help group for parents, children, and communities emphasizes cooperation, personal initiative, avoidance of blame, and action. It publishes a newsletter, brochures, and books and holds workshops. Address: PO Box 1069, Doylestown, PA 18901; 1-800-333-1069 or (215) 348-7090.

**U.S. Clearinghouse.** (A publication list is available on request, along with placement on a mailing list for new publications. Single copies are free.) National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20852; 1-800-SAY-NOTO.

This organization (NCADI) combines the clearinghouse activities previously administered by the National Institute on Alcoholism and Alcohol Abuse (NIAAA) and the National Institute on Drug Abuse (NIDA).

### Sources of Information

The Department of Education does not endorse private or commercial products or services, or products or services not affiliated with the federal government. The sources of information listed on this and the following pages are intended only as a partial listing of the resources that are available to readers of this publication. Readers are encouraged to research and inform themselves of the products or services, relating to drug and alcohol abuse, that are available to them. Readers are encouraged to visit their public libraries to find out more about the dangers of drug and alcohol abuse, or to call local, state, or national hotlines for further information, advice, or assistance.

#### Toll-Free Information

- **1-800-COCAINE—Cocaine Helpline:** A round-the-clock information and referral service. Recovering cocaine addict counselors answer the phones, offer guidance, and refer drug users and parents to local public and private treatment centers and family learning centers.
- **1-800-NCA-CALL—National Council on Alcoholism Information Line:** The National Council on Alcoholism, Inc., is the national nonprofit organization combating alcoholism, other drug addictions, and related problems. Provides information about NCA's state and local affiliate's activities in their areas. Also provides referral services to families and individuals seeking help with an alcohol or other drug problem.
- **1-800-662-HELP—NIDA Hotline:** NIDA Hotline, operated by the National Institute on Drug Abuse, is a confidential information and referral line that directs callers to cocaine abuse treatment centers in the local community. Free materials on drug use also are distributed in response to inquiries.
- **1-800-241-9746—PRIDE Drug Information Hotline:** A national resource and information center, Parents' Resource Institute for Drug Education (PRIDE), refers concerned parents to parent groups in their state or local area, gives information on how parents can form a group in their community, provides telephone consultation and referrals to emergency health centers, and maintains a series of drug information tapes that callers can listen to, free of charge, by calling after 5:00 p.m.

### Sources of Free Catalogs on Alcohol and Other Drug Use

- **Comp Care Publications.** A source for pamphlets, books, and charts on drug and alcohol use, chemical awareness, and self-help. 1-800-328-3330 or (612) 559-4800.
- **Hazelden Educational Materials.** A source for pamphlets and books on drug use and alcoholism and curriculum materials for drug prevention. 1-800-328-9000. In Minnesota, call (612) 257-4010 or 1-800-257-0070.

- **National Council on Alcoholism.** A source for pamphlets, booklets, and fact sheets on alcoholism and drug use. (212) 206-6770.

- **Johnson Institute.** A source for audiocassettes, films, videocassettes, pamphlets, and books on alcoholism and drug use. Offers books and pamphlets on prevention and intervention for children, teens, parents, and teachers. 1-800-231-5165. In Minnesota, 1-800-247-0484 and in Minneapolis/St. Paul area, 944-0511.

- **National Association for Children of Alcoholics.** A source for books, pamphlets, and handbooks for children of alcoholics. Conducts regional workshops and provides a directory of local members and meetings. (714) 499-3889.

**General Readings**

Publications listed below are free unless otherwise noted.

- **Adolescent Drug Abuse: Analyses of Treatment Research**, by Elizabeth R. Rahdert and John Grabowski, 1988. This 139-page book assesses the adolescent drug users and offers theories, techniques, and findings about treatment and prevention. It also discusses family-based approaches. National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20852.

- **Adolescent Peer Pressure Theory, Correlates, and Program Implications for Drug Abuse Prevention,** by the U.S. Department of Health and Human Services, 1988. This 115-page book focuses on constructive ways of channeling peer pressure. This volume was developed to help parents and professionals understand the pressures associated with adolescence, the factors associated with drug use, and other forms of problem behavior. Different peer program approaches, ways in which peer programs can be implemented, and research suggestions are included. National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20852.

- **Building Drug-Free Schools,** by Richard A. Hawley, Robert C. Peterson, and Margaret C. Mason, 1986. This four-part drug prevention kit for grades K-12 provides school staff, parents, and community groups with suggestions for developing a workable school drug policy, K-12 curriculum, and community support. The kit consists of three written guides ($50) and a film ($275). American Council for Drug Education, 204 Monroe Street, Suite 110, Rockville, MD 20852; (301) 294-0600.

- **The Challenge** newsletter highlights successful school-based programs, provides suggestions on effective prevention techniques, and the latest research on drugs and their effects. Published bimonthly by the U.S. Department of Education and available from the National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20852.

- **Courtwatch Manual.** A 111-page manual explaining the court system, the criminal justice process, Courtwatch activities, and what can be done before and after a criminal is sentenced. Washington Legal Foundation, 1705 N Street NW, Washington, DC 20036. Enclose $5 for postage and handling. (202) 857-0240.

- **Drug Prevention Curricula: A Guide to Selection and Implementation,** by the U.S. Department of Education, 1988. Written with the help of a distinguished advisory panel, this 76-page handbook represents the best current thinking about drug prevention education. It shows what to look for when adopting or adapting ready-made curricula, and suggests important lessons that ought to be part of any prevention education sequence. National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20852.

- **National Trends in Drug Use and Related Factors Among American High School Students, 1975-1986,** by Jerald G. Bachman, Lloyd D. Johnston, and Patrick M. O'Malley, 1987. A 265-page book reporting on trends in drug use and attitudes of high school seniors, based on an annual survey conducted since 1975. National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20852.
- **Getting Tough on Gateway Drugs,** by Robert DuPont, Jr., 1985. A 330-page book describing the drug problem, the drug-dependence syndrome, the gateway drugs, and the ways that families can prevent and treat drug problems. American Psychiatric Press, Inc., 1400 "K" Street NW, Suite 1101, Washington, DC 20005, paperback, $9.95. 1-800-368-5777 and in the DC area (202) 682-6269.
- **Gone Way Down: Teenage Drug-Use Is a Disease,** by Miller Newton, 1981, revised 1987. This 72-page book describes the stages of adolescent drug use. American Studies Press, paperback, $3.95. (813) 961-7200.
- **Growing Up Drug Free: A Parent's Guide to Prevention,** U.S. Department of Education, 1990. A 56-page booklet featuring information on what children should know at key stages of development, suggested activities to reinforce an anti-drug message in the home, effects of drugs, and available resources. National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, MD 20852. 1-800-SAY-NOTO or 1-800-624-0100 for the Department of Education.
- **Kids and Drugs: A Handbook for Parents and Professionals,** by Joyce Tobias, 1986, reprinted 1987. A 96-page handbook about adolescent drug and alcohol use, the effects of drugs and the drug culture, stages of chemical use, the formation of parent groups, and available resources. PAANDA Press, 4111 Watkins Trail, Annandale, VA 22003, paperback, $4.95 (volume discounts). (703) 750-9285.
- **Parents, Peers and Pot II: Parents in Action,** by Marsha Manatt, 1983, reprinted 1988. A 160-page book that describes the formation of parent groups in rural, suburban, and urban communities. National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20852.
- **Peer Pressure Reversal,** by Sharon Scott, 1985, reprinted 1988. A 183-page guidebook for parents, teachers, and concerned citizens to enable them to teach peer pressure reversal skills to children. Human Resource Department Press, 22 Amherst Road, Amherst, MA 01002, paperbook $9.95. (413) 253-3488.
- **Pot Safari,** by Peggy Mann, 1982, reprinted 1987. A 134-page book for parents and teenagers. Distinguished research scientists are interviewed on the subject of marijuana. Woodmere Press, Cathedral Finance Station, PO Box 20190, New York, NY 10125, paperback, $6.95 plus shipping (volume discounts). (212) 678-7839.
- **Strategies for Controlling Adolescent Drug Use,** by Michael J. Polich et al., 1984. This 196-page book reviews the scientific literature on the nature of drug use and the effectiveness of drug law enforcement, treatment, and prevention programs. The Rand Corporation, 1700 Main Street, PO Box 2138, Santa Monica, CA 90406-2138, R-3076-CHF, paperback $15. (213) 393-0411.

- **The Fact Is . . . You Can Prevent Alcohol and Other Drug Problems Among Elementary School Children,** 1988. This 17-page booklet includes audiovisuals, program descriptions, and professional and organizational resources to assist educators and parents of young children. Available from the National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20852.

- **What Works: Schools Without Drugs,** U.S. Department of Education, 1986, revised 1989. A handbook for developing a comprehensive antidrug program involving parents, students, schools, and communities. National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, MD 20852. 1-800-SAY-NOTO, or 1-800-624-0100 for the Department of Education.

### Videotapes

The following drug prevention videos were developed by the U.S. Department of Education. They are available for loan through the Department's Regional Centers and the National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, MD 20852; 1-800-SAY-NOTO.

#### Elementary School

- **The Drug Avengers.** Ten 5-minute animated adventures that urge caution about ingesting unfamiliar substances; encourage students to trust their instincts when they think something is wrong; and show that drugs make things worse, not better.

- **Fast Forward Future.** A magical device allows youngsters to peer into the future and see on a TV screen what will happen if they use drugs and what will happen if they remain drug free.

- **Straight Up.** A fantasy adventure that features information on the effects of drugs, developing refusal skills, building self-esteem, and resisting peer pressure.

#### Junior High

- **Straight at Ya.** Tips on peer pressure, saying no, and building self-esteem.

- **Lookin' Good.** A two-part series based on actual incidents that convey the dangers of drug use and promote the use of peer support groups.

#### High School

- **Hard Facts About Alcohol, Marijuana, and Crack.** Offers factual information about the dangers of drug use in a series of dramatic vignettes.

- **Speak Up, Speak Out: Learning to Say No to Drugs.** Gives students specific techniques they can use to resist peer pressure and say no to drug use.

- **Dare to be Different.** Uses the friendship of two athletes in their last year of high school to illustrate the importance of goals and values in resisting pressures to use drugs.

- **Downfall: Sports and Drugs.** Shows how drugs affect athletic performance and examines the consequences of drug use, including steroid use, on every aspect of an athlete's life—career, family, friends, sense of accomplishment, and self-esteem.

- **Private Victories.** Illustrates the effects of drug and alcohol use on students and the value of positive peer influences in resisting peer pressure to use drugs.

**Other Videotapes**

- **Say No! to Drugs.** A videotape that offers a practical, easy-to-follow approach to improve family communications, particularly on the subject of adolescent drug and alcohol use. It includes interviews with experts in the field. NIMCO, PO Box 009-GAM, Calhoun, KY 42327. 1-800-962-6662. $64.95.

## OREGON RESOURCES

### AMERICAN CANCER SOCIETY
0330 SW Curry Street
Portland, OR 97201
1-800-ACS-2345 or 295-6422 (Portland)

Contact: Cathy Rowland
Subjects: Cancer prevention (nutrition, tobacco), cancer detection (BSE, TSE)
Resources: Films/videos, teaching kits, pamphlets, posters, speakers

### AMERICAN HEART ASSOCIATION, OREGON AFFILIATE
1425 NE Irving, Suite 100
Portland, OR 97232
1-800-452-9445 or 233-0100 (Portland)

Contact: Vern Olmstead
Subjects: Smoking, nutrition, exercise, hypertension
Resources: Grade-specific classroom materials, curriculum guides, films/videos, speakers, teacher training

### AMERICAN LUNG ASSOCIATION OF OREGON
1776 SW Madison, Suite 200
Portland, OR 97205
1-800-545-5864 or 224-5145 (Portland)

Contact: Jeanette Bader
Subjects: Smoking prevention and cessation, asthma and bicycle treks
Resources: Films/videos, pamphlets, speakers, Smoke-Free Class of 2000, curriculum guides

### AMERICAN RED CROSS
PO Box 3200
Portland, OR 97208
(503) 284-1234, ext. 181

Contact: Stacy Marsh
Subjects: First aid, child care, personal safety, Latchkey training, CPR, blood, AIDS, water safety, emergency preparedness
Resources: Films, pamphlets, speakers, teacher training instruction manuals, texts, assemblies

### MOTHERS AGAINST DRUNK DRIVING (MADD)
PO Box 40307
Portland, OR 97212
1-800-422-7132 or 284-7399 (state office)

Contact: Lynn Chiotti
Activities: Each chapter conducts its own prevention/intervention campaigns, but plans are being developed for some statewide activities. MADD chapters are represented on several state Advisory Boards such as OTLI, OSSOM, Governor's Advisory Committee on DUII, and the Criminal Justice Panel. Several chapters are actively working on Victim Impact panels. Future plans include involvement in a statewide Red Ribbon campaign, billboard advertising, and increased youth awareness activities.
Target Audience: All
Resources: Pamphlets, videos, displays, and speakers

## OFFICE OF ALCOHOL AND DRUG ABUSE PROGRAMS

Department of Human Resources
1178 Chemeketa Street NE, Room 102
Salem, OR 97310
378-2163

Contact: Larry Didier, Prevention Manager
Cris Cullinan, Training Manager

Activities: Funds and monitors more than 40 different prevention/early intervention projects in the state. Serves as the Single State Agency (SSA) for alcohol and drug services; also functions as the administrator of the Anti-Drug Abuse Act funds for the Governor's Office. Funds and administers the Oregon Prevention Resource Center. Provides training and education services to alcohol/drug providers through the training section of the office.

Target Audience: All interested in alcohol/drug services.

Resources: Information on federal, state and local funding; alcohol/drug services; and on specific programs being funding in the state. Provides guidelines on program administration and funding and access to the Oregon Prevention Resource Center, the state's major clearinghouse for information and technical assistance relative to prevention/early intervention.

## OREGONIANS CONCERNED ABOUT ADDICTION PROBLEMS (formerly Oregon Council on Alcohol Problems)

17805 SE Stark
Portland, OR 97233
661-7488

Contact: Rev. Robert D. McNeil

Activities: Quarterly newsletter, training events, mini-seminars, major presentations, sermons and classes on chemical health issues, display of materials, training for core teams from congregations.

Target Audience: Church and other religious groups.

Resources: "Loving And Caring For Alcohol Addicted Persons," Rev. Bob D. McNeil (book); speakers for sermons, classes, mini-seminars; and training events for core teams from congregations.

## OREGON COUNCIL ON ALCOHOLISM AND DRUG ADDICTION (OCADA)

4506 SE Belmont, Suite 220
Portland, OR 97215
1-800-621-1646 or 232-8083

Contact: Dr. Judith Albert

Activities: Helpline (24-hour information and referral service), Speakers Bureau, employment related alcohol and drug services, media campaigns.

Target Audience: All groups and ages, concentrating on service gaps, i.e., women, disabled.

Resources: Written materials, speakers bureau, phone help, identification of resources, development of and assistance to resources, networking, training.

## OREGON DEPARTMENT OF EDUCATION

700 Pringle Parkway SE
Salem, OR 97310-0290
378-3602

Contact: Peggy Holstedt, Health Promotion Specialist, Drug-Free Schools Programs (grant manager)

Activities: Training and technical assistance to Local Education Agencies (LEAs) about

drug/alcohol prevention and education curricula and activities; Health Education Curriculum models, Common Curriculum Goals, coordination with Student Retention Initiative (SRI), Oregon Prevention Resource Center (OPRC), and Western Center for Drug-Free Schools and Communities; monitor LEAs on use of federal drug/alcohol prevention/education funds.
Target Audience: School administrators, teachers, students and parents of students.
Resources: Specialists on staff or on contract, possibly some limited funds.

OREGON DRUG AND ALCOHOL INFORMATION CENTER (a service of Legacy Health Systems)
100 N Cook
Portland, OR 97227
1-800-452-7032 (ext 3673) or 280-3673
Contact: Susan Ziglinski, Coordinator
Activities: ODAIC is Oregon's member of the Regional Alcohol and Drug Awareness Resource (RADAR) System which is a service of the federal Office for Substance Abuse Prevention (OSAP). ODAIC provides free information from the National Institute of Drug Abuse (NIDA); National Institute on Alcohol Abuse and Alcoholism (NIAAA); and Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) on drugs and alcohol. Informational material ranges from kindergarten level to the latest in technical research. Information is provided statewide on prescription, over-the-counter and illegal drugs (their side effects, medication combination concerns, etc.), alcohol use and abuse. Information is also available in Spanish. Free materials include: brochures, newsletters, posters, papers and books on the topics of drug and alcohol research, prevention, intervention and treatment.
Target Audience: Anyone from babies to affected mothers to all technical areas.
Resources: Written materials (see above), speakers.

OREGON FEDERATION OF PARENTS FOR DRUG-FREE YOUTH
18818 SE Mildred
Milwaukie, OR 97030
1-800-282-7035 or 655-4037
Contact: Sandra Bennett
Activities: Parent group development, newsletters, workshops on "Just Say No" and REACH, parent networking, "Just Say No" rallies, community presentations.
Target Audience: Parents and youth.
Resources: Written material (books, brochures, booklets), speakers, presenters, videos, workshops.

OREGON PREVENTION RESOURCE CENTER (OPRC)
555 24th Place
Salem, OR 97310
Contact: Caroline Cruz
Activities Oregon's major clearinghouse for information and technical assistance in the area of alcohol and drug prevention and early intervention. Part of the state's Office of Alcohol and Drug Abuse Programs.
Target Audience: All
Resource: Resource library for various alcohol and drug information, brochures, research materials, K-12 curricula, films and video library, and articles on a variety of topics related to alcohol and other drugs. Browsing libraries in

LaGrande, Portland, and Klamath Falls. Consultants can be arranged to provide assistance and training to schools, agencies, community groups and individuals.

OREGON SCHOOL SAFETY ON THE MOVE (OSSOM)
Department of Health
Oregon State University
Waldo Hall 316
Corvallis, OR 97331-6406
737-2387

| | |
|---|---|
| Contact: | Debra Jarvis |
| Activities: | K-12 Peer Education program (PIPELINE), promotion of SOBER (Students Offering Better Evening Recreation). State contact for SADD (Students Against Driving Drunk). |
| Target Audience: | Students |
| Resources: | Written materials, training materials. |

OREGON TEEN LEADERSHIP INSTITUTE (OTLI)
Department of Health
Oregon State University
Waldo Hall 316
Corvallis, OR 97331-6406
737-2387

| | |
|---|---|
| Contact: | Jeff Ruscoe |
| Activities: | OTLI summer camps, technical assistance to OTLI teams. |
| Target Audience: | Students. |
| Resources: | Written materials. |

PARTNERSHIP FOR A DRUG-FREE AMERICA, INC.
c/o Oregon Council of the American
Association of Advertising Agencies
Gerber Advertising
209 SW Oak Street
Portland, OR 97204
221-0100

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|---|---|
| Contact: | Tom Hougan, Chairman |
| Activities: | Multi-media campaigns geared "towards a fundamental reshaping of social attitudes about illegal drug usage;" research program to monitor attitude and usage trends. |
| Target Audience: | All |
| Resources: | Copies of ads, dubs of TV and radio spots available at cost. |

PROJECT DARE
3835 SW Kelly
Portland, OR 97201
221-5265

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|---|---|
| Contact: | Cindy Klug |
| Activities: | Training sessions for staff development, professional development and community education. |
| Target Audience: | Alcohol/drug staff, aging staff, senior citizens, those persons in contact with senior citizens, and general community. |

Resources: Resource library of alcohol and drug information, information on senior citizen topics, speakers, training activities, print and nonprint material.

WESTERN CENTER FOR DRUG-FREE SCHOOLS AND COMMUNITIES
Northwest Regional Education Laboratory
101 SW Main, Suite 500
Portland, OR 97204
275-9475

Contact: Kathy Laws

Activities: Provides training to school teams in the areas of a comprehensive substance abuse program: planning, prevention, curriculum, student assistance, policy, and evaluation; provides technical assistance to local education agencies, state agencies, and institutions of higher education; provides resources from the lending library and clearinghouse, member of the Regional Alcohol and Drug Awareness Network (RADAR) System, a service of the federal Office for Substance Abuse Prevention (OSAP).

Target Audience: School teams, state education agencies, state departments of alcohol and drugs; institutions of higher education, community groups, and students.

Resources: Alcohol and other drug prevention curricula, model programs, videos, Office of Substance Abuse Prevention resources, newsletter, and quarterly research synthesis "Prevention Research Update."

From U.S. Department of Education: ***Learning to Live Drug Free,*** 1989

## Tobacco

The smoking of tobacco products is the chief avoidable cause of death in our society. Smokers are more likely than nonsmokers to contract heart disease—some 170,000 die each year from smoking-related coronary heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strike smokers at increased rates. Some 30 percent of cancer deaths (130,000 per year) are linked to smoking. Chronic obstructive lung disease such as emphysema and chronic bronchitis are 10 times more likely to occur among smokers than nonsmokers.

Smoking during pregnancy also poses serious risks. Spontaneous abortion, preterm birth, low birth weights, and fetal and infant deaths are all more likely to occur when the pregnant woman/mother is a smoker.

Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Other toxins and irritants found in smoke can produce eye, nose, and throat irritations. Carbon monoxide, another component of cigarette smoke, combines with hemoglobin in the blood stream to form carboxyhemoglobin, a substance that interferes with the body's ability to obtain and use oxygen.

Perhaps the most dangerous substance in tobacco smoke is nicotine. Although it is implicated in the onset of heart attacks and cancer, its most dangerous role is reinforcing and strengthening the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking. Of 1,000 typical smokers, fewer than 20 percent succeed in stopping on the first try.

Although the harmful effects of smoking cannot be questioned, people who quit can make significant strides in repairing damage done by smoking. For pack-a-day smokers, the increased risk of heart attack dissipates after 10 years. The likelihood of contracting lung cancer as a result of smoking can also be greatly reduced by quitting.

## Alcohol

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

## Cannabis

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are "high." Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

| TYPE | WHAT IS IT CALLED? | WHAT DOES IT LOOK LIKE? | HOW IS IT USED? |
|---|---|---|---|
| Marijuana | Pot<br>Grass<br>Weed Reefer<br>Dope<br>Mary Jane<br>Sinsemilla<br>Acapulco Gold<br>Thai Sticks | Dried parsley mixed stems that may include seeds | Eaten<br>Smoked |
| Tetrahydro-cannabinol | THC | Soft gelatin capsules | Taken orally |
| Hashish | Hash | Brown or black cakes or balls | Eaten<br>Smoked |
| Hashish Oil | Hash Oil | Concentrated syrupy liquid varying in color from clear to black | Smoked—mixed with tobacco |

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**Inhalants**

The immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage.

Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

| TYPE | WHAT IS IT CALLED? | WHAT DOES IT LOOK LIKE? | HOW IS IT USED? |
|---|---|---|---|
| Nitrous Oxide | Laughing Gas<br>Whippets | Propellant for whipped cream in aerosol spray can<br>Small 8-gram metal cylinder sold with a balloon or pipe (buzz bomb) | Vapors inhaled |
| Amyl Nitrite | Poppers<br>Snappers | Clear yellowish liquid in ampules | Vapors inhaled |
| Butyl Nitrite | Rush<br>Bolt<br>Locker Room<br>Bullet<br>Climax | Packed in small bottles | Vapors inhaled |
| Chlorohydrocarbons | Aerosol sprays | Aerosol paint cans<br>Containers of cleaning fluid | Vapors inhaled |
| Hydrocarbons | Solvents | Cans of aerosol propellants, gasoline, glue, paint thinner | Vapors inhaled |

## Cocaine

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by cardiac arrest or respiratory failure.

| TYPE | WHAT IS IT CALLED? | WHAT DOES IT LOOK LIKE? | HOW IS IT USED? |
|---|---|---|---|
| Cocaine | Coke<br>Snow<br>Flake<br>White<br>Blow<br>Nose Candy<br>Big C<br>Snowbirds<br>Lady | White crystalline powder, often diluted with other ingredients | Inhaled through nasal passages<br>Injected<br>Smoked |
| Crack | Freebase rocks<br>Rock | Light brown or beige pellets—or crystalline rocks that resemble coagulated soap; often packaged in small vials | Smoked |

## Other Stimulants

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

| TYPE | WHAT IS IT CALLED? | WHAT DOES IT LOOK LIKE? | HOW IS IT USED? |
|---|---|---|---|
| Amphetamines | Speed<br>Uppers<br>Ups<br>Black Beauties<br>Pep Pills<br>Copilots<br>Bumblebees<br>Hearts<br>Benzedrine<br>Dexedrine<br>Footballs<br>Biphetamine | Capsules<br>Pills<br>Tablets | Taken orally<br>Injected<br>Inhaled through nasal passages |
| Methamphetamines | Crank<br>Crystal Meth<br>Crystal Methedrine<br>Speed | White Powder<br>Pills<br>A rock that resembles a block of paraffin | Taken orally<br>Injected<br>Inhaled through nasal passages |
| Additional Stimulants | Ritalin<br>Cylert<br>Preludin<br>Didrex<br>Pre-State<br>Voranil<br>Tenuate<br>Tepanil<br>Pondimin<br>Sandrex<br>Plegine<br>Ionamin | Pills<br>Capsules<br>Tablets | Taken orally<br>Injected |

## Depressants

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

| TYPE | WHAT IS IT CALLED? | WHAT DOES IT LOOK LIKE? | HOW IS IT USED? |
|---|---|---|---|
| Barbiturates | Downers<br>Barbs<br>Blue Devils<br>Red Devils<br>Yellow Jacket<br>Yellows<br>Nembutal<br>Seconal<br>Amytal<br>Tuinals | Red, yellow, blue, or red and blue capsules | Taken orally |
| Methaqualone | Quaaludes<br>Ludes<br>Sopors | Tablets | Taken orally |
| Tranquilizers | Valium<br>Librium<br>Equanil<br>Miltown<br>Serax<br>Tranxene | Tablets<br>Capsules | Taken orally |

## Hallucinogens

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instinct in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last six months to a year following prolonged daily use. Mood disorders—depression, anxiety, and violent behavior—also occur. In later stages of chronic use, users often exhibit paranoia and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, as well as heart and lung failure.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

| TYPE | WHAT IS IT CALLED? | WHAT DOES IT LOOK LIKE? | HOW IS IT USED? |
|---|---|---|---|
| Phencyclidine | PCP<br>Angel Dust<br>Loveboat<br>Lovely<br>Hog<br>Killer Weed | Liquid<br>Capsules<br>White crystalline powder<br>Pills | Taken orally<br>Injected<br>Smoked—can be sprayed on cigerattes, parsley and marijuana |
| Lysergic Acid Diethylamide | LSD<br>Acid<br>Green or Red Dragon<br>White Lightning<br>Blue Heaven<br>Sugar Cubes<br>Microdot | Brightly colored tablets<br>Impregnated blotter paper<br>Thin squares of gelatin<br>Clear liquid | Taken orally<br>Licked off paper<br>Gelatin and liquid can be put in the eyes |
| Mescaline and Peyote | Mesc<br>Buttons<br>Cactus | Hard brown discs<br>Tablets<br>Capsules | Discs—chewed, swallowed, or smoked<br>Tablets and capsules—taken orally |
| Psilocybin | Magic mushrooms<br>Mushrooms | Fresh or dried mushrooms | Chewed and swallowed |

**Narcotics**

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in diseases such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

| TYPE | WHAT IS IT CALLED? | WHAT DOES IT LOOK LIKE? | HOW IS IT USED? |
|---|---|---|---|
| Heroin | Smack<br>Horse<br>Brown Sugar<br>Junk<br>Mud<br>Big H<br>Black Tar | Powder, white to dark brown<br>Tarlike substance | Injected<br>Inhaled through nasal passages<br>Smoked |
| Methadone | Dolophine<br>Methadose<br>Amidone | Solution | Taken orally<br>Injected |
| Codeine | Empirin compound with Codeine<br>Tylenol w/ Codeine<br>Codeine<br>Codeine in cough medicines | Dark liquid varying in thickness<br>Capsules<br>Tablets | Taken orally<br>Injected |
| Morphine | Pectoral syrup | White crystals<br>Hypodermic tablets<br>Injectable solutions | Injected<br>Taken orally<br>Smoked |
| Opium | Paregoric<br>Dover's Powder<br>Parepectolin | Dark brown chunks<br>Powder | Smoked<br>Eaten |
| Other Narcotics | Percocet<br>Percodan<br>Tussionex<br>Fenthanyl<br>Darvon<br>Talwin<br>Lomotil | Tablets<br>Capsules<br>Liquid | Taken orally<br>Injected |

**Designer Drugs**

Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphoriants. They can produce severe neurochemical damage to the brain.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease: Uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and fainting. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusion, hallucinations, and impaired perception.

| TYPE | WHAT IS IT CALLED? | WHAT DOES IT LOOK LIKE? | HOW IS IT USED? |
|---|---|---|---|
| Analogs of Fentanyl (Narcotic) | Synthetic Heroin<br>China White | White powder identically resembling heroin | Inhaled through nasal passages<br>Injected |
| Analogs of Meperidine (Narcotic) | Synthetic Heroin<br>MPTP (New Heroin)<br>MPPP<br>PEPAP | White powder | Inhaled through nasal passages |
| Analogs of Amphetamines and Methamphetamines (Hallucinogens) | MDMA (Ecstasy, XTC, Adam, Essence)<br>MDM<br>STP<br>PMA<br>2, 5-DMA<br>TMA<br>DOM<br>DOB<br>EVE | White powder<br>Tablets<br>Capsules | Taken orally<br>Injected<br>Inhaled through nasal passages |
| Analogs of Phencyclidine (PCP) | PCPy<br>PCE<br>TCP | White powder | Taken orally<br>Injected<br>Smoked |

## Anabolic Steroids

Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Developed in the 1930s, steroids are seldom prescribed by physicians today. Current legitimate medical uses are limited to certain kinds of anemia, severe burns, and some types of breast cancer.

Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Because of these properties, athletes in a variety of sports have used steroids since the 1950s, hoping to enhance performance. Today, they are being joined by increasing numbers of young people seeking to accelerate their physical development.

Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and the cardiovascular and reproductive systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior known as "roid rage" and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

Signs of steroid use include quick weight and muscle gains (if steroids are being used in conjunction with a weight training program); behavioral changes, particularly increased aggressiveness and combativeness; jaundice, purple or red spots on the body; swelling of feet or lower legs; trembling; unexplained darkening of the skin; and persistent unpleasant breath odor.

Steroids are produced in tablet or capsule form for oral ingestion, or as a liquid for intramuscular injection.

**Oregon Lung Association**

- 19% of male 11th graders smoked daily in 1990.
- 29% of female 11th graders smoked daily in 1990.

5,559 (23%) deaths in Oregon in 1989 were tobacco related.

- 1,665 (22%) of all heart disease deaths
- 1,332 (77%) of all bronchial and lung cancer deaths
- 643 (79%) of all COP disease deaths
- 205 (84%) of all emphysema deaths
- 51 (61%) of all larynx and bucca cavities cancer deaths
- 42 (62%) of all chronic bronchitis deaths

Direct costs of smoking-caused deaths in Oregon (1986) were estimated to be $266.9 million for:

- hospitalization
- physician services
- nursing home care
- medication
- professional services

Indirect costs were estimated to be $170.5 million for:

- lost productivity
- legal costs
- absenteeism
- health and life insurance costs
- fire losses
- occupational health
- other economic impacts beyond illness treatment

## SMOKING FACTS

### The Product:

The mainstream smoke of cigarettes, which is inhaled by the active smoker, contains carbon monoxide, nicotine, formaldehyde, carcinogens (Benzo(a)pyrene, B-Napthylamine, 4-Amino biphenyl), ammonia, and radioactive Polonium-210. Mainstream smoke loses some of its toxicity on its way into the smoker's lungs, because puffing burns the tobacco at a higher temperature and it is filtered first through unburned tobacco and second through the filter. In comparison to mainstream smoke, the cooler, unfiltered environmental tobacco smoke contains twice the nicotine, twice the tar, and five times the carbon monoxide.

### Epidemiology:

- An estimated 29% of Americans smoke, down from 30% in 1985 and 40% in 1964.

- It takes 10, 20, sometimes 30 years for the cancer caused by smoking to result—30% of all cancer deaths are directly related to smoking.
- In 1964—the calculated toll from smoking deaths was 188,000.
  1985—390,000 were attributed to smoking.
  1988—an 11% increase was observed, resulting in 434,175 smoking- related deaths.
- Young women tend to be the largest percentage of smokers; and women are slower to give up the habit than men.
- Americans under the age of 44 smoke more than older people.
- In 1988, Blacks had a 12% higher death rate attributable to smoking compared to Whites.
- Over 3,000 U.S. teenagers start the habit every day, 25% are age 12 or younger, 50% are less than 15 years old.
- Nearly 90% of all adult smokers started smoking before age 21.

**Health Consequences:**

- The number of smoking-related Lung Cancer deaths has increased substantially from 38,100 in 1965 to 111,985 in 1988.
- In 1988, smoking also resulted in 48,896 mouth and pancreatic cancer deaths, 201,002 deaths from cardiovascular diseases like heart and arterial diseases, and 82,857 deaths from respiratory diseases like bronchitis and emphysema.
- Smoking is a contributing factor in developing cancer of the bladder, esophagus, kidney, and uterine cervix.
- Smokers are five times more likely to develop chronic bronchitis, severe lung infections, and pneumonia and respiratory diseases.
- Due to the increase of smoking by women, lung cancer overtook breast cancer in 1987 as the leading cancer killer of women.
- Mothers who smoked during pregnancy have been found to put their children on a 30% higher risk of leukemia and lymphoma.

In 1989, nearly one-fourth of all Oregon newborns had mothers who smoked during pregnancy. Indian mothers (35.1%) were 15 times more likely to smoke than Chinese mothers (2.3%). By comparison, 24.9% of white mothers smoked.

- There is a relationship between smoking during pregnancy and increased miscarriages, stillbirths, and sudden infant deaths. Babies born to smoking mothers, or mothers who are married to smokers, have significantly lower birth weights.
- Children of smoking parents suffer retarded lung development, respiratory illnesses, including bronchitis and pneumonia, up to twice as often during their first year of life as do children of nonsmoking parents.

## Oregon 1989

Total deaths in Oregon in 1989 were 24,679. Of those, 5,559 (23%) were tobacco related.

Heart disease: 1665 (22%) tobacco related
Bronchial and lung cancer: 1332 (77%) tobacco related
Chronic obstructive pulmonary disease: 643 (79%) tobacco related
Emphysema: 205 (84%) tobacco related
Cancer of the larynx and bucca cavities: 51 (61%) tobacco related
Chronic bronchitis: 42 (62%) tobacco related

## Costs of Smoking:

- The annual medical bill for each smoker is $500-$600 higher than for each nonsmoker.
- Working smokers of more than two packs a day have twice the absenteeism than working nonsmokers.
- Combined costs from smoking-related health care services, lost productivity, and higher absenteeism have been estimated to run from $39 to $96 billion per year, with a middle estimate of $65 billion. This middle estimate equals $2.17 per pack of cigarettes sold.
- Smokers are responsible for twice as many accidents and fires as nonsmokers—fires caused by untended cigarettes or smoldering ashes in garbage cans, upholstery, and bedding kill between 2,000 and 4,000 people annually.

### Oregon 1986

- Direct costs of smoking-caused deaths in Oregon were estimated to be $266.9 million (including hospitalization, physician services, nursing home care, medication, and professional services).
- Indirect costs were estimated to be $170.5 million (including lost productivity, legal costs, absenteeism, health and life insurance costs, fire losses, occupational health, and other economic impacts beyond illness treatment.
- The total costs approached one-half billion dollars—$164 per year for every man, woman, and child in Oregon.

## Advertising and Promotion:

- 3.2 billion dollars were spent by the tobacco industry on cigarette advertisement in 1988. It is the single most promoted consumer product in the U.S. The industry claims they advertise mainly for the smokers to switch brands, but only 10% of adults switch brands annually.
- The industry sells about 600 billion cigarettes each year for a total of $28.8 billion—if smoking policies only cut consumption by one cigarette per smoker per day, 22 billion fewer cigarettes would be sold each year—advertising has an essential role in maintaining sales levels.
- Most of the advertisement is aimed at youth and women—advertising portrays smoking as glamorous, sexy, and sophisticated, associated with youthful vigor, social acceptance, and success.
- There exists a self-censorship of the media that fails to give adequate coverage to the health hazards of tobacco.
- Two arguments of the industry are: "there is no real evidence of a direct link between smoking and health problems," the other is that "smoking is purely a matter of personal choice and democratic freedom."

## SMOKELESS TOBACCO (SLT) FACTS

### The Product:

Oral snuff: finely ground and shredded tobacco with various sweeteners and flavoring, moist form is most popular, placed between lips and gum.

Chewing tobacco: loose leaf (most popular form of chewing tobacco), pressed rectangle called plug, or a twist; chewed or held in place in the mouth.

- The known carcinogens, nitrosamines, are present in SLT at levels 100 times higher than the levels of these substances in food, e.g., bacon, that are regulated by law. Nitrosamine content of snuff may be 10-100 times greater than the level received by a smoker of one cigarette. Other carcinogens in SLT are polycyclic aromatic hydrocarbons and polonium 210 (radioactive alpha emitter).
- Nicotine is absorbed through the oral mucosa; SLT produces prolonged, sustained levels of nicotine in the blood (with cigarettes, its rapid rise, peaks, and troughs).

### Epidemiology:

- In 1985, an estimated 12 million Americans ages 12 and older had used SLT.
- Among males who use SLT, 43% used it almost daily.
- About one-fifth of all teenage boys use SLT.
- Females are far less likely to try it (in 1981, 1.3% of U.S. women used SLT).
- Blacks and Hispanics use SLT less than Whites (Caucasians).
- SLT users are more likely to use alcohol, cigarettes, and marijuana.
- SLT users are more likely to report poor health and hospitalization for illness and injuries.

### Oregon 1990

| | |
|---|---|
| 8th grade: | 20.0% of male students used SLT in the last month (6.6% are daily users) |
| | 12.6% of female students used SLT in the last month (4.2% are daily users) |
| 11th grade: | 34.7% of male students used SLT in the last month (34.5% are daily users) |
| | 17.7% of female students used SLT in the last month (4.1% are daily users). |

SLT use in Oregon adolescents is highly correlated with alcohol and marijuana use.

In 1989, cancer of the pharynx and buccal cavities resulted in 84 deaths of Oregonians, 51 (60.7%) of them were tobacco related.

In a Portland Dental Clinic in 1989: 78% of adult daily SLT users showed oral lesions.

## SMOKELESS TOBACCO (SLT)
## In Oregon, 1990

- 34.5% of male 11th graders used SLT daily
- 4.1% of female 11th graders used SLT daily

SLT use by Oregon teen males is consistently higher than use of cigarettes in most schools and grade levels.

SLT use in Oregon adolescents is highly correlated with alcohol and marijuana.

### Oregon 1989

Cancer of the pharynx and buccal cavities resulted in:

Total deaths: 84
SLT-related deaths: 51 (60.7%)

Prevalence of other health effects:

78% of adult daily SLT users in a Portland Dental Clinic showed lesions.

SLT use causes cancer in humans. This association is strongest for cancer of the oral cavities. The risk increases with increasing length of exposure, with the greatest risk for the anatomic sites where the product has been held in contact the longest. Other organs, such as the esophagus, larynx, and stomach have been shown to be at increased risk for cancer (majority of oral cancer occurring in males).

Non-cancerous effects are leukoplakia (a lesion of the soft tissue that consists of a white patch or plaque that cannot be characterized clinically and pathologically as any other disease; 8-59% of users develop it and it can develop into cancer over time), gingivitis, gingival recession, changes in soft and hard tissue of the mouth, such as alteration in texture, color, or contour (detected already in teenagers), tooth decoloration, and tooth loss.

Other effects from SLT use can be increased heart rate and blood pressure, and decreased skin temperature of the fingers, as well as smokeless tobacco induced cardiovascular changes.

**Advertising and Promotion:**

$$$: In 1984, an estimated $8-$10 million was spent on advertising SLT by U.S. Tobacco Company alone. The whole industry is estimated to have spent between $20-$31 million that year. Between 1970 and 1985, the U.S. production of all forms of SLT increased 42% (moist snuff as the most popular).

Market expansion: From the traditional rural, backwoods market to the white-collar society (ad: ". . . Even lawyers and judges are taking it into their courtrooms."). Free samples have also been distributed in public places and at events such as rodeos, or auto races. Sporting events were used most heavily for promotion.

Promotion to young people: By defining an adult as someone 18 years or older, the industry has given itself permission to promote its products among older teens and college students. (1973 ad: ". . . . Students and teachers enjoy it in their classrooms.") A chairman of the board of U.S. Tobacco Company told a reporter: "In Texas today, a kid wouldn't dare go to school, even if he doesn't use the product, without a can in his Levis." (early 1980s).

Ban of SLT ads: SLT advertisement was not affected by the ban on broadcast advertising of cigarettes that went into effect in 1971. Until 1986, both print and broadcast media were used to advertise. In early 1986, a bill to ban radio and TV ads of SLT products and to require three rotational warning labels ("This product may cause oral cancer," "This product may cause gum disease and tooth loss," and "This product is not a safe alternative to cigarettes") on them and in printed ads passed on the federal level and was signed into law.

Before 1986: The U.S. Tobacco Company shipped SLT products to Sweden which carried a warning saying in part that it "contains nicotine causing a strong dependency equal to that of tobacco smoking. Mucous membranes and gums may be damaged and require medical attention." Louis F. Bantle, chairman and chief executive officer of U.S. Tobacco was asked about why his company warned Swedes but not Americans, and answered, "Well, it's the law in Sweden."

## EFFECTS OF TOBACCO AND OTHER DRUGS ON THE VOCAL CORDS*

Certain inhalants (such as paint thinner, airplane glue, and nitrous oxide) can asphyxiate the user or freeze the vocal cords.

Chemicals in marijuana irritate the mucous membranes of the respiratory tract and the vocal cords.

Smoking cigarettes and marijuana causes excess phlegm and subsequent coughing, which in turn causes swelling of the vocal cords and laryngitis.

Snorting cocaine causes excess nasal discharge, which coats and irritates the vocal cords.

Bronchitis results when cigarette smoke irritates and inflames the air passages (bronchi) leading from the windpipe to the lungs. The cilia become useless and tars build up after prolonged smoking. This buildup causes a reduction in normal respiration, which results in chronic coughing and regurgitation of phlegm—the body's way of attempting to expel the foreign particles the cilia can no longer eliminate. The only remedy for this vicious cycle is to quit smoking and give the lungs a chance to resume normal functioning.

## ALCOHOL FACTS THE PARTY PUPS DON'T TELL YOU*

1. Alcohol is especially dangerous for young people because it interferes with their development, physical, mental, emotional, and social. Addiction to alcohol may occur more rapidly in youth (3-6 months of use) than in adults.
2. The effects of alcohol are multiplied when taken with other drugs; it can cause death.
3. Alcohol circulates very quickly to all parts of the body, including the brain. It is carried there directly by the blood. It quickly interferes with the control center.
4. All alcoholic beverages are made from ethyl alcohol. The only difference is the amount of alcohol. Twelve ounces of beer equals one ounce of whiskey.
5. It takes one hour for an average size adult to absorb three-fourths of an ounce of alcohol.
6. Alcohol is a depressant which attacks the cerebral cortex thereby dulling the senses, creating drowsiness. It acts like an anesthetic.

7. One-half the traffic deaths in America yearly are alcohol-related. About 26,000 people are killed in drunk driving accidents every year.

8. The age group of 15-24 year olds is the only age group in which the death rate has risen during the past 25 years. The reason? Driving mixed with substances.

9. Sixteen to 24 year olds cause 45% of night-time fatal alcohol-related accidents even though they represent only 22% of licensed drivers.

10. Oregon's DUI blood alcohol content (BAC) is .08.

11. Impaired drivers kill 71 people on United States highways every day; that is one every 21 minutes.

12. BAC level of .18 increases the drivers' chances of having a fatal accident by 60 times.

13. The average DUI violator commits that violation 80 times a year.

14. Alcohol affects the brain, stomach, heart, liver, causes birth defects, and can shorten a life 10-20 years.

15. Three million teenagers in this country are problem drinkers.

16. The smaller and thinner you are, the faster you will get drunk, and the drunker you will get.

17. Vomiting is the body's way to rid itself of a poison, but frequent drinking or combining alcohol and marijuana turns off the vomit center to the brain.

18. Chug-a-lug drinking (drinking fast—maybe without breathing) of beer can cause death from alcohol overdose.

19. Alcohol is involved in 40% of all teen suicides.

20. One out of every 20 high school seniors drink daily.

21. Fetal alcohol syndrome is the third known leading cause of preventable mental retardation.

22. Alcohol is a significant factor in approximately 75% of child abuse and family violence.

23. Alcohol is easily the most abused drug in America. One out of four children in every classroom lives in a chemically dependent home.

* Modified from Drug Education Infusion Project, Lewis and Clark College, Oregon